ORD INFORMATION
RESOURCE CENTER, HCFA

MEDICARE / MEDICAID NURSING HOME INFORMATION

CALIFORNIA

Part 2
GLENDORA to MURRIETA

U.S. DEPARTMENT OF
HEALTH AND HUMAN SERVICES
HEALTH CARE FINANCING ADMINISTRATION

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MEDICARE/MEDICAID NURSING HOME INFORMATION

1987-1988

CALIFORNIA

Part 2

GLENDORA TO MURRIETA

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The Health Care Financing Administration (HCFA) was established on March 9, 1977, to combine health financing and quality assurance programs into a single agency. HCFA is responsible for the Medicare program, Federal participation in the Medicaid program, the Peer Review Organization program, the survey and certification program, and a variety of other health care quality assurance programs.

The mission of HCFA is to ensure the effective administration of its programs in order to promote the timely delivery of appropriate, quality health care to over 56 million of the nation's aged, disabled and poor. The agency must also ensure that beneficiaries are aware of the services for which they are eligible, that those services are accessible and of high quality and that agency policies and actions promote efficiency and quality within the total health care delivery system.

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DEPARTMENT OF HEALTH & HUMAN SERVICES Health Care Financing Administration

The Administrator
Washington, D.C. 20201

INTRODUCTION

This publication is another significant step in the efforts of the Health Care Financing Administration to provide information to the public in an understandable and usable form. We believe we have an obligation as the federal agency responsible for the Medicare and Medicaid programs to provide a broad range of information about the health care paid for through these programs. Furthermore, we believe that this information is helpful to consumers, health care professionals, researchers, and the health care industry, and we intend to continue our efforts to expand and improve the information we release.

This publication focuses on nursing homes. This is clearly an area of critical concern to many Medicare and Medicaid beneficiaries, their families, and the public in general. As such, I can think of no more important area where we need to provide information to help consumers make informed decisions and to supply the nation's nursing homes information on their performance.

This information is the product of extensive consultation with many individuals, including recognized experts in long term care, consumer advocates, representatives of the nursing home industry, state governments, physicians and nursing home residents and their families. We are grateful for their assistance with this publication. We have made a great effort to make it as clear and useful as possible.

The primary purpose of this information is to provide a solid basis for further, informal inquiry. It is neither the final, definitive word on nursing home performance, nor a guide to answer all questions on selection of a nursing home. Rather, it provides a rich source of background materials on federal and state enforcement programs and considerable information on individual nursing homes.

When properly understood and used, this information is quite useful; it can also be misleading if interpreted incorrectly. To use this information properly, you should read carefully the introductory material, the sections on uses and limitations, how to read the profiles, and the glossary. These sections will assist you in correctly interpreting and making the best use of the information.

Because we realize the limitations of the information, especially in making individual judgments on specific nursing homes, we have included a section entitled, ''Further Considerations.'' This section is designed to help individuals find additional sources of information and ask the kinds of questions that will provide the best information to help make personal decisions on nursing homes. We think individuals who use this information as a source document will be better informed about health care issues they or their family may face. We trust that as a result, they will make more informed and thus better decisions.

William L. Roper

William L. Roper, M.D.
Administrator

USES AND LIMITATIONS

Uses

The primary purpose of this report is to provide a ready source of understandable information about the population and performance of nursing homes. The information is most useful as a basis of inquiry, to assist in asking questions about individual facilities, trends and the enforcement process.

The information presented in this report is taken from the survey reports State surveyors fill out during their annual inspections of each nursing home that participates in Medicare and/or Medicaid. Copies of the full reports are available through the individual State survey agencies. The information describes what conditions were observed in the nursing home at the time of its most recent survey and it includes both:

- general information about a nursing home's population and the characteristics and care needs of its residents; and
- specific information about a nursing home's performance in terms of whether it was found to meet certain Federal requirements that provide some insight as to what kind of care the residents receive.

Making this information more accessible and understandable will benefit both the general public and the nursing home community. This type of information can help potential consumers first to ask knowledgeable questions of their physicians, nursing home representatives and long-term care ombudsmen and then to make informed decisions in the selection of a nursing home.

For example, the information will allow comparisons to be made among facilities as to the proportion of residents with severe skin problems, such as bed sores or other skin breakdowns. It is important to note, however, that while a high proportion of such residents might be indicative of poor quality care, it could also mean that the facility has special expertise in handling such problems and doctors refer their patients there. The consumer could then check related performance indicators (i.e., each resident receives care necessary to prevent skin breakdown; and each resident with a bed sore receives care necessary to promote the healing of the bed sore) to determine whether surveyors had identified any problems in this area and ask nursing home staff why so many residents were in need of special skin care. A subsequent section of this report (see ''Further Considerations'') provides an illustrative list of the types of questions that potential consumers might ask in the course of selecting a nursing home.

We expect that nursing homes, individually and as an industry, will find the information useful. It will provide information which will allow each facility to determine the health status of its residents in relation to other facilities in the State and the nation. It will also allow each facility to compare its compliance at the time of survey with the compliance of other nursing homes in the State and the nation. The information will also provide a valuable insight into the consistency of standards enforcement within a State and across the country.

Limitations

When properly understood and used, this information can be of significant value. However, responsible use of the information depends on a thorough understanding of its limitations.

First, any valid interpretation of this information must take into account the fact that the information comprises the individual judgments of more than 3,000 surveyors in 53 separate State survey agencies. Variations in the deficiency information may in part reflect differences among States and individual surveyors in how requirements are interpreted and applied, rather than genuine differences in facility performance. Similarly, care practices in the field may vary from area to area and differences in the information may reflect these variations as well.

Second, the deficiency findings are not a complete picture of the quality of care in a nursing home. Deficiency findings are a measure of compliance or non-compliance with a particular requirement, and the requirements are minimum standards that nursing homes must meet to participate in Medicare and/or Medicaid. Moreover, the information in each profile describes deficiency findings for only 32 out of more than 500 Federal regulatory requirements that are evaluated during a survey. The absence of a deficiency means that the home met the minimum standard at the time of survey, but the information cannot identify nursing homes that are providing outstanding quality care.

A third limitation stems from the periodic nature of a deficiency-based survey process. Findings are recorded in the course of the survey and thus reflect a ''snapshot'' of the conditions in the nursing home at that time. The information does not describe the home's success or failure in taking prompt corrective action to remedy problems. Similarly, there is no guarantee that those items in compliance with Federal requirements at the time of survey have remained in compliance.

Finally, the information reflects neither the duration nor the severity of identified deficiencies. A problem may represent a one-time failure of a single staff person, or it may represent an ongoing failure of the facility to provide acceptable quality care.

DESCRIPTION OF THE SURVEY AND CERTIFICATION PROCESS

The process of qualifying nursing homes for participation in the Medicare and/or Medicaid programs is known as the survey and certification process. Nursing homes that are approved to take part in Medicare and/or Medicaid and therefore qualified to receive Federal and State funds are required to meet standards set by Federal regulations. These standards are the way the Federal and State governments make sure that nursing homes that receive public monies provide quality care to residents. The standards are developed by the Health Care Financing Administration (HCFA), Department of Health and Human Services (DHHS). The State survey agency in each State inspects (surveys) homes to make sure they meet health, safety, and quality standards. The surveyors are State employees who use Federal forms and standards. HCFA pays States for this survey activity. Information from these surveys is stored in a centralized computer system in Baltimore, Maryland, which is the headquarters of HCFA. The information published in this report was obtained from this system.

The State survey agencies are required to inspect nursing homes at least once a year and report their findings to State and Federal officials. During a survey, a team of surveyors tours a nursing home and looks at all areas of the nursing home that affect the quality of care that residents receive. The size and composition of survey teams, as well as the duration of surveys, vary in different States and in facilities of different sizes.

Surveyors observe how care is actually given to residents. Surveyors interview a sample of the residents and review their medical records. They evaluate the preparation of meals and eating assistance techniques. They check whether residents get prescribed medications in the proper dosage at the correct times. Surveyors also review the records of nursing homes, interview nursing home staff, and observe the home for cleanliness, comfort and safety. These are some examples of what surveyors do when they inspect a nursing home.

The surveyors record their findings on Federal forms. When the survey is completed, they meet with the nursing home officials to discuss their findings. If problems were found by the surveyors, the nursing home has to submit a written plan of correction telling how it plans to correct the problems. If a nursing home is found to have problems, it is given a reasonable amount of time to correct them. State survey agencies use various methods of follow-up review, including revisiting the home to assure that the needed correction has taken place.

If the problems are serious enough to threaten the health and safety of the residents and/or a nursing home fails to correct the problems, the home will not be allowed to continue to participate in the Medicare and/or Medicaid programs. Short of this action, HCFA and the States can also employ an array of other enforcement actions to bring about compliance with State and Federal requirements. Examples of possible actions include monetary fines, bans on new admissions, transfer of residents to other facilities, or placement of the facility in a receivership (i.e., temporary government-ordered management). A description of the certification and licensure program specific to this State is provided in the following section of this report.

SOURCES OF INFORMATION

There are many sources you can go to in order to find out about a particular nursing home or about nursing homes in general. The best sources of information will likely be the State Health Department, the local or State long-term care ombudsman program or agency on aging. The ombudsman programs were established under the Older Americans Act to assist nursing home residents and those who represent them. See the ''State Government'' section below for information on how to contact the State ombudsman program.

Many other agencies and organizations have information on homes in order to make referrals to the public. It may be necessary to obtain information from several organizations before you find the information that you need or want.

Public and General Sources

There are many public and general sources of information on nursing homes. Some of these are:

- Social services departments in local hospitals;
- Nursing home provider associations like the American Health Care Association or the American Association of Homes for the Aging;
- State nursing home associations;
- City or county welfare departments;
- Religious groups; and
- Better Business Bureaus, local consumer protection offices, and other consumer information groups.

Others who can offer valuable advice include physicians, social workers, clergymen and friends or relatives who have placed someone in a nursing home.

State Government

The following pages give a description of the State licensure and enforcement programs. They also contain information about State government offices that you can contact to obtain information about nursing homes and about the State long-term care ombudsman program.

DEPARTMENT OF HEALTH SERVICES

LICENSING AND CERTIFICATION
Program Description

Licensing and Certification (L&C) regulates licensed public and private health facilities, clinics, agencies, and centers throughout the State. These facilities include in excess of 5,000 General Acute Care and Psychiatric Hospitals, Specialty Clinics, Intermediate Care Facilities, 3 types of Intermediate Care Facilities for the Developmentally Disabled, Skilled Nursing Facilities, Home Health Agencies, Referral Agencies, Adult Day Health Centers, Primary Care Clinics, Chemical Dependency Recovery Hospitals, Ambulatory Surgical Centers, Comprehensive Outpatient Rehabilitation Facilities, Psychiatric Health Facilities and Psychology Clinics, The program also certifies individuals as Nurse Assistants, Home Health Aides and Hemodialysis Technicians. To accomplish these activities, the program develops, implements and enforces health care standards and certifies facilities that participate in the Title XVIII (Medicare) and/or Title XIX (Medi-Cal) programs. L&C maintains an inventory of health care providers; evaluates and reports on services and condition of facilities; cites deficiencies and issues penalties; approves plans for correction; issues, denies, or revokes licenses; and controls performance of other public agencies, and agents under contract for these activities. Certain services are delegated to the State Fire Marshal, Laboratory Field Services, and the Los Angeles County's Department of Health Services under contractual agreements.

The program's Field Operations Branch, through 3 Regional Offices and 11 District Offices (as well as Los Angeles county under a contract) carries out the health facilities, clinics, agencies and centers licensing responsibilities of the Department by issuing licenses, maintaining the mandated standards of care through periodic inspections, and complaint investigations.

The Branch also conducts surveys of providers and suppliers participating under the Federal Social Security Act, and recommend to the Bureau of Health Standards and Quality (HSQ), certification or non-certification of providers and suppliers participating under Title XVIII of the Act, and, through the Division's Provider Certification Section, certifies, or refuses certification of providers participating under Title XIX of the Act.

Recent legislation has established several enforcement systems including a citation/violation system for long-term care facilities major sanctions are classified below:

a. Class "AA" Citations

Violations which have resulted in the direct proximate cause of a patient's death in a long-term care facility. Penalties range from $5,000-$25,000.

b. Class "A" Citations

Violations which are determined to present imminent or the substantial probability of danger, death, or serious harm to a long-term care patient.

Penalties range from $1,000 to $10,000.

c. Class "B" Citations

Violations which are determined to have a direct or immediate relationship to the health, safety, or security of long-term care patients or a violation of patient's rights.

Penalties range from $100 to $1,000 but may not be collectable if the violation is corrected within a specific period of time.

d. Willful Material Falsification (WMF)

This violation means an entry in the patient's health care record pertaining to the administration of medication, or treatments ordered for the patient or pertaining to services for the prevention/treatment of decubitus ulcers/contractures, or pertaining to tests and measurements of vital signs, or notations of input/output of fluids which were made with the knowledge that the records falsely reflect the condition of the patient or care/services provided.

Civil penalties may be assessed up to $10,000.

e. Willful Material Omission (WMO)

This violation means the willful failure to record any untoward event which has affected the health, safety or security of the patient and which was omitted with the knowledge that the records falsely reflect the condition of the resident or care/services provided.

Civil penalties may be assessed up to $10,000.

f. Retaliation/Discrimination

No licensee shall discriminate or retaliate in any manner against a patient or employee for filing or initiating a grievance or complaint or cooperating in any complaint investigation or proceeding. Any attempt to expel a patient or terminate an employee under specified conditions is considered to be a violation of Section 1432 of the Health and Safety Code.

Willful infraction of this code is subject to penalties of not more than $10,000.

District Office	County	District Office	County
District Administrator 8885 Rio San Diego Drive San Diego, CA 92120 Phone No.: (619) 237-7781 Toll-Free (800) 824-0613	Imperial San Diego	District Administrator 1836 S. Commercenter Circle San Bernardino, CA 92408 Phone No.: (714) 383-4777	Inyo Mono Riverside San Bernardino
District Administrator 50 D Street, Room 330 Santa Rosa, CA 95404 Phone No.: (707) 576-2380 Toll-Free (800) 554-0349	Del Norte Humboldt Lake Mendocino Napa Solano Sonoma	District Administrator 530 E. Montecito, Ste 103 Santa Barbara, CA 93103 Phone No.: (805) 564-1247 Toll-Free: (800) 547-8267	Kern San Luis Obispo Santa Barbara Ventura
District Administrator 2422 Arden Way Building "B", Suite 35 Sacramento, CA 95825 Phone No.: (916) 92-6851 Toll-Free (800) 554-0354	Alpine Amador Calaveras El Dorado Placer Sacramento San Joaquin Stanislaus Tuolumne Yolo	District Administrator 2151 Berkeley Way Berkeley, CA 94704 Phone No.: (415) 540-2417 Toll-Free: (800) 554-0352	Alameda Contra Costa
District Administrator 1074 East Ave., Suite K Chico, CA 95926 Phone No.: (916) 895-6711 Toll-Free: (800) 554-0350	Butte Colusa Glenn Lassen Modoc Nevada Plumas Shasta Sierra Siskiyou Sutter Tehama Trinity Yolo	District Administrator 100 Paseo de San Antonio, Suite 235 San Jose, CA 95113 Phone No.: (408) 277-1784 Toll-Free: (800) 554-0348	Monterey San Benito Santa Clara Santa Cruz
District Administrator 939 Market St., Rm 101 San Francisco, CA 94103 Phone No.: (415) 557-1711 Toll-Free (800) 554-0353	San Francisco San Mateo Marin	District Administrator 666 West Shaw, Suite 185 Fresno, CA 93704 Phone No.: (209) 445-5168 Toll-Free: (800) 554-0351	Fresno Kings Madera Mariposa Merced Tulare
District Administrator 28 Civic Center Plaza, Room 850 Santa Ana, CA 92701 Phone No.: (714) 558-4001 Toll-Free (800) 228-5234	Orange	Chief Health Facilities Division County of Los Angeles 313 North Figueroa Street, Room 317 Los Angeles, CA 90012 Phone No.: (213) 974-7873 Toll-Free: (800) 228-1019	Los Angeles

Department of Health Services

The time may arise when you question the care, services, or environment of a nursing home. Usually, the first step in resolving such a problem is to speak directly to the nursing home administrator or to the director of nursing. If you are unable to bring about a satisfactory resolution of the problem, and you feel the problem is serious, you should write or call the Department of Health Services' Licensing Field Office in your locality regarding the incident or condition. California nursing home regulations provide that citations can be issued to nursing homes which violate licensing regulations. Fines can be as high as $25,000 depending on the seriousness of the violation.

The complaint should be as detailed as possible including a description of specific incidents, times, dates, and names of persons involved. Include your name, address, and telephone number so the Department can contact you. The Department will make an on-site inspection within ten days. The inspection will be unannounced and the evaluator will not disclose the name of the person who initiated the complaint if the complainant requests anonymity. The complainant may accompany the evaluator during the investigation. A serious, life-threatening complaint should be phoned in and will be investigated immediately.

A nursing home operator who discriminates or retaliates in any way against an employee or patient for complaining may be fined. An operator who discharges a patient within 120 days of a patient's complaint can also be fined unless the nursing home can prove that the discharge had nothing to do with the complaint.

Every nursing home must post a copy of its latest licensing survey report, along with the plan of correction, for all deficiencies noted in its most recent survey. If the problems are not corrected, the facility could be in jeopardy of losing its license and/or Federal certification.

To file a complaint simply call or write the Licensing and Certification Office nearest you. "800" toll-free numbers have been established in each district office to make it easier for the public to file a complaint. The number is listed in telephone directories throughout the State in the summary of state offices located in the front of telephone directories and in the yellow pages under hospitals and nursing homes. The addresses and telephone numbers of all district offices are included as an Appendix to this booklet.

California Ombudsman Program

The California Ombudsman program, instituted in 1978 as part of the federal Older American's Act, is operated through the California Department of Aging. The primary purpose of the program is to investigate complaints on behalf of long-term care facility patients and to monitor the direction of legislation with the goal of assuring the rights of patients.

The normal procedure of an ombudsman is to try to settle patient-facility problems in-house. A misunderstanding of issues, procedures, and regulations is a common problem and cause of many of the concerns of patients and families. Medical attention, diet, therapy, bathing, and other areas of personal care or lack of it represent the majority of calls handled by the ombudsman. Facility staffing and quality of staff are other subjects of concern to family members.

The Department of Aging has divided the State into district Planning and Service Areas (PSAs). Presently there are 33 PSAs designated to manage and monitor the services available for seniors at the local level. Appendix B of this booklet lists the location of ombudsman offices throughout the State if you need to call them.

PSA 1—Humboldt, Del Norte Counties

Redwood Ombudsman
1910 California Street
Eureka, CA 95501
(707) 443 9747

PSA 2—Lassen, Modoc, Shasta, Siskiyou, Trinity Counties

Ombudsman Program/Senior Legal Center
P.O. Box 506
2120 Pine Street
Redding, CA 96099
(916) 243-3209

PSA 3—Butte, Colusa, Glenn, Plumas, Tehama Counties

Ombudsman Program/Family Service Agency
677 East 7th Avenue
Chico, CA 95926
(916) 891-1745

PSA 4—Nevada, Placer, Sacramento, Sierra, Sutter, Yolo, Yuba Counties

Senior Ombudsman Advocacy Project (SOAP)
1819 16th Street
Sacramento, CA 95816
(916) 447-1075

Satellites

Sutter, Yolo, Yuba Ombudsman Program
725 D Street
Marysville, CA 95901
(916) 742-8289

Nevada-Placer County Ombudsman Program
c/o Volunteer Bureau
5830 Morgan Place
Loomis, CA 95650
(916) 885-7706

PSA 5—Marin County

County of Marin Ombudsman Program
Citizen Service Office
Administration Building
Civic Center, Room 423
San Rafael, CA 94903
(415) 499-6190

PSA 6—San Francisco County

Family Service Agency/ Ombudsman Program
916 Eddy Street
Mailing Address: 1010 Gough
San Francisco, CA 94109
(415) 474-8757

PSA 7—Contra Costa County

Ombudsman Program
c/o Diablo Rehabilitation Center
490 Golf Club Road
Pleasant Hill, CA 94523
(415) 682-6330

PSA 8—San Mateo County

Long-Term Care Ombudsman Program
c/o Catholic Social Services
600 Columbia Drive
San Mateo, CA 94402
(415) 579-0277

PSA 9—Alameda County

Ombudsman, Inc.
477 15th Street, Room 309
Oakland, CA 94612
(415) 465-1065
(415) 465-1153

PSA 10—Santa Clara County

Nursing Home Ombudsman Program
2175 The Alameda
San Jose, CA 95126
(408) 243-3001
(408) 249-3950

PSA 11—San Joaquin County

N. H. Ombudsman Volunteer Program
Community Council of Stockton and San Joaquin County
1107 North San Joaquin
Stockton, CA 95204
(209) 948-1200

PSA 12—Alpine, Amador, Calaveras, Mariposa, Tuolumne Counties

Ombudsman Program
No. 6 South Washington, Room No. 8
Sonora, CA 95370
(209) 533-3364

PSA 13—Santa Cruz, San Benito Counties

Coordinator
Citizens for Better Nursing Home Care, Inc.
234 Santa Cruz Avenue
Aptos, CA 95003
(408) 429-1913

PSA 14—Fresno, Madera Counties

Ombudsman Program
1028 N. Fulton
Fresno, CA 93728
(209) 233-7393

PSA 15—Kings, Tulare Counties

Long-Term Care Ombudsman Program
c/o Kings County Comm. on Aging Council
1197 South Drive
Hanford, CA 93230
(209) 582-3211, Extensions 2824, 2825, 2826

PSA 16—Inyo, Mono Counties

Inyo-Mono Ombudsman Program
180 East Clarke Street
Bishop, CA 93514
(619) 873-8557

PSA 17—San Luis Obispo County

Nursing Home Ombudsman Services of San Luis Obispo County
525 Piney Way
Morro Bay, CA 93442
(805) 772-3059

PSA 17—Santa Barbara County South

S. B. Citizens for Better Nursing Home Care
423 West Victoria
Santa Barbara, CA 93101
(805) 965-4446
(805) 928-4808 Santa Maria Branch (Office)

PSA 18—Ventura County

Long-Term Care Ombudsman Program
2754 Sherwin Avenue, Unit 1
Ventura, CA 93003
(805) 656-1986

PSA 19—Los Angeles County

Long-Term Care Ombudsman Program of Los Angeles County
c/o Westside Independent Services to the Elderly (WISE)
1320 Santa Monica Mall
Santa Monica, CA 90401
(213) 394-9871
Toll-Free (800) 334-9473

Satellites

Long Beach Ombudsman Program
c/o Long Beach Senior Center
1150 East 4th Street, Room 117D
Long Beach, CA 90802
(213) 435-0234
Toll-Free (800) 334-9473

San Gabriel Valley Ombudsman Program
660 S. Mountain
Claremont, CA 91711
Toll-Free (800) 334-9473

Santa Monica-Englewood Ombudsman
Program
1320 Santa Monica Mall
Santa Monica, CA 90401
Toll-Free (800) 334-9473

Pasadena Ombudsman Program
85 East Holly
Pasadena, CA 91103
Toll-Free (800) 334-9473

East Los Angeles Ombudsman
Program
Branch Office
El Monte, CA 91731
Toll-Free (800) 334-9473

Torrance Ombudsman Program
1520 Greenwood Avenue
Torrance, CA 90503
Toll-Free (800) 334-9473

PSA 20—San Bernardino County

Ombudsman Program
686 East Mill Street
San Bernardino, CA 92415
(714) 383-3861

PSA 21—Riverside County

Riverside City and County
Ombudsman, Inc.
2060 University Avenue
Riverside, CA 92507
(714) 686-4402

PSA 22—Orange County

Long-Term Care Ombudsman
Service
Orange County Council on
Aging, Inc.
8100 Garden Grove Boulevard,
Suite 7
Garden Grove, CA 92644
(714) 892-7769
(714) 892-7760

PSA 23—San Diego County

Long-Term Care Ombudsman
Program
Department of Social Services
4161 Marlborough Avenue
San Diego, CA 92105
(619) 560-2501
(619) 236-4509

PSA 24—Imperial County

Ombudsman Program
654 Main Street
El Centro, CA 92243
(619) 352-8521

PSA 25—Los Angeles County

Long-Term Care Ombudsman
Program of Los Angeles City
14406 Hamlin Street
Van Nuys, CA 91401
(818) 782-4303

PSA 26—Lake, Mendocino Counties

Nursing Home Ombudsman
Program
546 North State Street, Suite 3
Ukiah, CA 95482
(707) 468-5882

PSA 27—Sonoma County

Ombudsman Program
2400 Coddingtown Center
Santa Rosa, CA 95401
(707) 526-4108 (Office)
(707) 874-3021 (Home)

PSA 28—Solano County

Nursing Home Ombudsman Service
of Solano County
535 Capitol Street
Vallejo, CA 94590
(707) 554-1126

PSA 28—Napa County

Ombudsman Program
c/o Volunteer Center of
Napa County, Inc.
1700 Second Street, Suite 308
Napa, CA 94559
(707) 252-6222

PSA 29—El Dorado County

Ombudsman Program
937 Spring Street
Placerville, CA 95667
(916) 626-2148

PSA 30—Stanislaus County

Ombudsman Program
c/o Catholic Charities
914 13th Street
Modesto, CA 95354
(209) 529-3784

PSA 31—Merced County

Ombudsman Program
c/o Catholic Social Service
504 West 13th Street
Merced, CA 95340
(209) 383-5755

PSA 32—Monterey County

Monterey County Ombudsman
Program
1281 Broadway
Seaside, CA 93955
(408) 758-4011
(408) 899-4066

PSA 33—Kern County

Ombudsman Program
Greater Bakersfield Legal
Assistance
615 California Street
Bakersfield, CA 93304
(805) 325-5943

California Fraud Program

For Fraud complaints, consumers may call:

1	Department of Health Services Audits and Investigations Section 714 "P" Street, Room 650 Sacramento, California 95814	916-445-2912
2.	Department of Justice Bureau of Medi-Cal Fraud 1515 K Street Sacramento, California 95814	916-445-9555

Federal Government

Some agencies of the Department of Health and Human Services (DHHS) also have information about nursing homes. These agencies are:

Office of the Inspector General (OIG)

The mission of the OIG is to maintain the integrity of DHHS' programs by investigating any reports of fraud, waste or abuse by doctors, hospitals or other providers of health care services such as nursing homes.

If you have reason to believe that a health care service provider is performing unnecessary or inappropriate services or is billing Medicare for services you did not receive, a toll-free Hot Line has been installed by the Department of Health and Human Services' Inspector General.

Toll Free Numbers
Outside Maryland: 1-(800) 368-5779
Inside Maryland: 1-(800) 638-3986

Note: Medicaid issues should first be referred to the appropriate State agency before contacting the OIG Hot Line. In most States, the State fraud and abuse units can be located through the State Office of the Attorney General.

Administration on Aging (AoA)

The mission of the AoA is to administer the programs and related provisions of the Older Americans Act in a manner which:

1) creates and supports a national network on aging;
2) develops and oversees a responsive system of services and opportunities to meet the needs of the elderly; and
3) serves as a visible advocate on behalf of the elderly in the entire nation.

The Regional AoA Offices listed below can help to put you in touch with the appropriate State or local authorities, depending on the nature of your inquiry or concern.

AoA Regional Offices

Regional Program Director, AoA
DHHS Region I
Room 2011
JFK Federal Building
Boston, MA 02203
(617) 565-1158

Regional Program Director, AoA
DHHS Region III
3535 Market Street
P.O. Box 13716
Philadelphia, PA 19101
(215) 596-0334

Regional Program Director, AoA
DHHS Region V
13th Floor
300 South Wacker Drive
Chicago, IL 60606
(312) 353-3141

Regional Program Director, AoA
DHHS Region VII
Room 384
601 East 12th Street
Kansas City, MO 64106
(816) 426-2955

Regional Program Director, AoA
DHHS Region IX
Room 480
Federal Office Building
50 United Nations Plaza
San Francisco, CA 94102
(415) 556-6003

Regional Program Director, AoA
DHHS Region II
Room 4149
26 Federal Plaza
New York, NY 10278
(212) 264-3472

Regional Program Director, AoA
DHHS Region IV
Suite 903
101 Marietta Tower
Atlanta, GA 30323
(404) 331-5900

Regional Program Director, AoA
DHHS Region VI
Room 1000
1200 Main Tower Building
Dallas, TX 75202
(214) 767-2971

Regional Program Director, AoA
DHHS Region VIII
Room 1185
Federal Office Building
1961 Stout Street
Denver, CO 80294
(303) 844-2951

Regional Program Director, AoA
DHHS Region X
The Third and Broad Building
2901 Third Avenue
Seattle, WA 98121
(206) 442-5341

Office for Civil Rights (OCR)

The mission of OCR is to enforce civil rights statutes that prohibit discrimination in DHHS' programs and to generate voluntary compliance. You may wish to contact an OCR office to report incidents of discrimination by a nursing home or to check on a facility's previous record in this regard.

OCR Regional Offices

Director, OCR
DHHS Region I
Room 2403
JFK Federal Building
Boston, MA 02203
(617) 565-1340

Director, OCR
DHHS Region II
Room 3312
26 Federal Plaza
New York, NY 10278
(212) 264-3313

Director, OCR
DHHS Region III
Room 6300
3535 Market Street
P.O. Box 13716
Philadelphia, PA 19101
(215) 596-1262

Director, OCR
DHHS Region IV
Room 1502
101 Marietta Tower
Atlanta, GA 30323
(404) 331-2779

Director, OCR
DHHS Region V
33rd Floor
300 South Wacker Drive
Chicago, IL 60606
(312) 353-2520

Director, OCR
DHHS Region VI
Room 1360
1200 Main Tower Building
Dallas, TX 75202
(214) 767-4056

Director, OCR
DHHS Region VII
Room 248
601 East 12th Street
Kansas City, MO 64106
(816) 426-7277

Director, OCR
DHHS Region VIII
Room 844
Federal Office Building
1961 Stout Street
Denver, CO 80294
(303) 844-2024

Director, OCR
DHHS Region IX
Room 322
Federal Office Building
50 United Nations Plaza
San Francisco, CA 94102
(415) 556-8586

Director, OCR
DHHS Region X
The Third and Broad Building
2901 Third Avenue
Seattle, WA 98121
(206) 442-0473

Health Care Financing Administration (HCFA)

The mission of HCFA is to administer the Medicare and Medicaid programs in a manner which promotes:

1) quality health care to eligible beneficiaries;
2) awareness of the services for which beneficiaries are eligible; and
3) efficiency and quality within the total health care delivery system.

Listed below are the HCFA offices responsible for overseeing the State survey and certification programs:

HCFA Regional Offices

Associate Regional Administrator
DHHS Region I, HCFA
Division of Health Standards and Quality
Room 1309
JFK Federal Building
Boston, MA 02203
(617) 565-1331

Associate Regional Administrator
DHHS Region III, HCFA
Division of Health Standards and Quality
3535 Market Street
P.O. Box 7760
Philadelphia, PA 19101
(215) 596-0997

Associate Regional Administrator
DHHS Region V, HCFA
Division of Health Standards and Quality
Room 941
175 West Jackson Boulevard
Chicago, IL 60604
(312) 353-9804

Associate Regional Administrator
DHHS Region VII, HCFA
Division of Health Standards and Quality
Room 284
601 East 12th Street
Kansas City, MO 64106
(816) 374-2408

Associate Regional Administrator
DHHS Region IX, HCFA
Division of Health Standards and Quality
100 Van Ness Avenue
San Francisco, CA 94102
(415) 556-0041

Associate Regional Administrator
DHHS Region II, HCFA
Division of Health Standards and Quality
Room 3821
26 Federal Plaza
New York, NY 10278
(212) 264-3219

Associate Regional Administrator
DHHS Region IV, HCFA
Division of Health Standards and Quality
Suite 601
101 Marietta Tower
Atlanta, GA 30323
(404) 331-2488

Associate Regional Administrator
DHHS Region VI, HCFA
Division of Health Standards and Quality
Room 2000
1200 Main Tower Building
Dallas, TX 75202
(214) 767-6301

Associate Regional Administrator
DHHS Region VIII, HCFA
Division of Health Standards and Quality
Room 1194
Federal Office Building
1961 Stout Street
Denver, CO 80294
(303) 844-4721

Associate Regional Administrator
DHHS Region X, HCFA
Division of Health Standards and Quality
2901 Third Avenue
Seattle, WA 98121
(206) 442-0511

If you wish to contact any of the DHHS agencies, the following list outlines which DHHS regional office has responsibility for your State.

Region I/Boston

Connecticut, Maine, Massachusetts,
New Hampshire, Rhode Island, and
Vermont

Region II/New York

New Jersey, New York,
Puerto Rico, and
Virgin Islands

Region III/Philadelphia

Delaware, District of Columbia,
Maryland, Pennsylvania, Virginia,
and West Virginia

Region IV/Atlanta

Alabama, Florida, Georgia,
Kentucky, Mississippi,
North Carolina, South Carolina,
and Tennessee

Region V/Chicago

Illinois, Indiana, Michigan,
Minnesota, Ohio, and Wisconsin

Region VI/Dallas

Arkansas, Louisiana,
New Mexico, Oklahoma, and
Texas

Region VII/Kansas City

Iowa, Kansas, Missouri, and
Nebraska

Region VII/Denver

Colorado, Montana,
North Dakota, South Dakota,
Utah, and Wyoming

Region IX/San Francisco

Arizona, California, Hawaii,
Nevada, American Samoa, and Guam

Region X/Seattle

Alaska, Idaho, Oregon,
and Washington

FURTHER CONSIDERATIONS

The information presented in this report can be an important source for potential nursing home consumers and their families to consult during the process of selecting a nursing home. It is also important that potential consumers and their families ask questions of their physicians, nursing home personnel and consumer representatives (such as local long-term care ombudsmen) to help guide them in selecting the best possible facility to meet their needs. The best way to find out about a nursing home is to take the time to visit the home in person, if possible, before you make your choice.

Listed below are some examples of the kinds of questions that potential nursing home consumers should ask before selecting a home and some things you should do to find out about the home during your visit. These questions are intended to augment the information contained in this report. Keep in mind that they are not a comprehensive list but an illustrative list of suggested issues that should be considered in choosing a nursing home.

General

- Find out who owns the home and whether it is approved for participation in the Medicare or Medicaid programs.
- Make an appointment to visit the home. Meet with the administrator, the director of nursing and the director of social services and ask them about the history of the home and the services it offers.
- Ask about the home's last survey, what problems were found and if and how they have been corrected. Ask whether the facility has been surveyed since the survey described in this report. You can ask to see the survey results.
- Ask whether the State has initiated any punitive actions against the home in the last 2 years, and if so, what actions were taken and how they were resolved. You may want to verify this information through other sources such as the State nursing home ombudsman.
- Ask about the home's admission policies and ask for a copy of any admission agreement that is required.
- Ask to see a copy of the home's residents' rights policy. Does the facility have any special programs/procedures to help educate residents and staff about their rights? You can observe for yourself during your visit how well the home is honoring these rights.
- Ask about the home's basic daily rate and what is included in the charges. Also ask how the home handles residents' personal funds, if such assistance is necessary.
- Find out about the home's visiting hours and what choices residents have as to the time they can get up, eat and go to bed.
- See if residents look well cared for and properly groomed. Do staff treat the residents with courtesy and respect? If the opportunity arises, chat with a resident or two to get their impressions.
- Find out if the home has an organized resident council or other type of resident group. How often does it meet and what are some of its activities and accomplishments? Also, is there an organized family council that family members can participate in?

Physical Environment

- Ask for a tour of the facility and try to see all the major areas of the home, including dining areas and some residents' rooms.
- Note whether the home is an attractive, clean and comfortable place to be. Is it well-lit and ventilated and free of potential health hazards such as obstacles in hallways or underfoot? Is it free from insects and rodents?
- Look at the residents' lounge and other common areas and see if they look comfortable and whether they are used by residents. Do residents have the opportunity to sit outdoors in comfortable, safe surroundings?
- Check toilet and bathing facilities and note whether they are clean, sanitary and reasonably free of odors. Are they easily accessible to handicapped residents?
- Note whether residents' rooms have windows and access to the corridor. Does each resident have a reading light, comfortable chair, sufficient closet space? How many people are in each room and are there privacy curtains?

Medical and Nursing Services

- Find out how medical care and direction is provided in the facility. Who is the medical director? Will a resident's personal physician be able to visit as needed, and cooperate with the medical director? What happens if hospital or emergency care is needed?
- Ask if the home specializes in providing any particular type of medical care. Be sure to inquire about how the home cares for residents who share your particular medical problems or care needs.
- Ask about the availability of specialized care to restore physical abilities lost due to illness or injury. Physical therapy, speech therapy and occupational therapy are examples of this type of specialized care.
- Ask how many registered nurses and licensed practical nurses are employed by the home and how many of each are on duty during days, evenings, nights and weekends. How many residents are under the care of each type of nurse?
- Ask how often a resident's medication schedule is reviewed for possible dosage reductions, adverse interactions or reactions, or expirations. Who is accountable for pharmaceutical services?
- Ask how the home provides dental care to its residents.

Food

- Ask at what times meals are served and whether snacks are available. Ask to see the menus for a week. Are substitutions readily available?
- Observe how food is served. Does it look appetizing? Do residents appear to be enjoying their meals?

Social Services and Activities

- Ask to see the schedule of activities for a week. Does the facility have a varied activities program suitable for residents with different interests and capabilities?
- Ask if there is an activities coordinator and see if there is suitable space available for activities.
- Find out whether the facility has a full-time social services director and ask what social services and mental health and other counseling services are available to residents and their families. Does the facility have specialized services/programs available for residents with special disorders and disabilities, including Alzheimer's Disease?

GLOSSARY OF TERMS

Resident Characteristics and Facility Performance Indicators

This glossary contains terms used to describe certain common features or characteristics of people who enter nursing facilities and common features or indicators of how well the facility provides quality care.

Bed Sore. A bed sore is an open sore that occurs more often to a resident with little muscle tissue or fat and who remains in one position for a long period of time. A bed sore may form on bony areas, such as at the base of the spine, heels, and ankles. Other names for a bed sore are ''pressure sore'' or ''decubitus.''

Catheter. See **Urinary Catheter**.

Colostomy or Ileostomy. A resident who has serious intestinal difficulties may have surgery which creates an artificial opening at the abdomen for bowel movements. Colostomy or ileostomy care involves keeping the skin around the colostomy or ileostomy clean and free from sores. For a resident who wears a bag to collect bowel movements, care also involves emptying the bag regularly and keeping the bag free of odor.

Fluids Supplied Through Tubes. A resident who cannot eat enough food to stay healthy may receive nourishment in the form of fluids prescribed by a physician. These fluids are usually given by inserting a needle or a tube into a vein. Care involves making sure that the needle or tube stays free of germs and that it stays in the vein.

Incompetent. A resident who cannot make decisions because of impairments in mental ability may be called incompetent. This is often a legal term meaning a court has decided that the person cannot make decisions, but it is also used as a descriptive term.

Injections. Medicine given by inserting a needle into muscle or tissue.

Isolation Techniques. These are methods to ensure that infection does not spread from one part of a resident's body to another, or from one resident to another.

Rehabilitative Bowel and Bladder Training. A resident with difficulty controlling bowel or bladder may participate in a program to learn to control these functions.

Respiratory Care. A resident who has trouble breathing may need assistance which may be given by breathing in extra oxygen or receiving medication. Respiratory care involves giving the amount of oxygen or medication in the way and in the amount that the doctor has ordered.

Restraints. Residents who need to be protected from hurting themselves or others may need to be restrained. One type of restraint is physical. For example, to keep a resident from falling out of a wheelchair a physician may prescribe a cloth protective device or a vest. Drugs (medications) may also be provided to treat and modify a resident's physically aggressive behavior. However, medications must be prescribed in doses and for a length of time necessary to treat symptoms.

Skin Breakdown. When a resident remains in one position for a long period of time, his or her skin may be damaged. One of the first signals that this is happening is that reddened areas appear on the places where the resident has placed pressure from sitting in a chair or lying in bed. These reddened areas do not go away even after the positioning of the resident has been changed. If special care is not given, bed sores may develop. See **Bed Sore**.

Suctioning. A resident who is unable to cough up fluids or mucus in the air passages may have a tube inserted into the air passages to suck the fluids out. Care involves making sure that the fluids are removed as often as necessary and that the tube used is always free of germs.

Tracheotomy Care. A resident who has difficulty breathing may have an operation which makes a breathing passage from the base of the neck into the lungs. This opening is called a tracheotomy. Care involves keeping the breathing passage clean and free from congestion.

Transferring. This term has two meanings. First, it is used to describe the extent to which a resident is dependent on others to move from bed to chair, bed to toilet, chair to bath, etc. Transferring is also used to describe moving from one section of a facility to another or from one facility to another.

Urinary Catheter. A tube inserted into the bladder to remove urine.

HOW TO READ THE INFORMATION

Before reading the individual nursing home profiles that make up this report, it would be helpful to understand the format and presentation of the information in each profile.

EXAMPLE

NURSING HOME PROFILE
Happy Valley Nursing Home

<table>
<tr><td colspan="2">Street Address:</td><td colspan="2">City and State:</td></tr>
<tr><td>Participation:</td><td># of Beds:</td><td>Type of Ownership:</td><td>Survey Date:</td></tr>
</table>

The first 3 lines of the profile contain basic information about each nursing home. Following is an explanation of the items included:

Name:	Self-explanatory
Street Address:	Self-explanatory
City and State:	Self-explanatory

Participation: The information in this block indicates whether the nursing home participates in the Medicare program, the Medicaid program, or both programs. In addition, this block identifies the level of care that the nursing home provides. These include:

> Skilled Nursing Facility (SNF) — A nursing home which provides the level of care that comes closest to hospital care with 24-hour nursing services. Regular medical supervision and rehabilitation therapy are also provided. Generally, a skilled nursing facility cares for convalescent patients and those with long-term illnesses.
>
> Intermediate Care Facility (ICF) — A nursing home which provides less extensive health related care and services. It has regular nursing service, but not around the clock. Most intermediate care facilities carry on rehabilitation programs, with an emphasis on personal care and social services. Mainly, these homes serve people who are not fully capable of living by themselves, yet are not necessarily ill enough to need 24-hour nursing care.

Many nursing homes participate in both the Medicare and Medicaid programs, and qualify as both skilled nursing facilities and intermediate care facilities.

Number of Beds: This is the total number of beds in the nursing home, including those that are approved for Medicare and Medicaid and those that are not. Many nursing homes have beds that are "private;" these are included in the number even though the facility does not receive Medicare or Medicaid money for them.

Type of Ownership: This block describes the type of organization that operates the nursing home. These include:

> Non-profit-religious — A nursing home affiliated with a religious organization, governed by a board of directors and financed largely by contributions.
>
> Non-profit-private — A nursing home not affiliated with a religious or a community based organization and financed largely by contributions.
>
> Non-profit-other — A nursing home which is generally governed by a community based board of directors and financed largely by contributions.
>
> Proprietary — A nursing home operated for profit.
>
> Government — A nursing home primarily administered by the Federal government, the State, or the county, city or other local unit of government.

Survey Date: The day on which the nursing home inspection described in this report was completed. All of the information contained in the nursing home profile reflects the conditions on this date. Note that surveys are being conducted on an ongoing basis, and thus, more recent survey results may become available subsequent to publication of this report.

EXAMPLE

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**

Caution: *A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.*	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	78	83.0	81.0	81.0

The "Selected Resident Characteristics" section of the profile contains important information describing the population of the nursing home. Surveyors obtain this information from the facility at the time of survey. The first line of this section shows the total number of residents living in the home and indicates how many of the home's residents are Medicare or Medicaid recipients. Next, the profile tells how many of the nursing home's residents fall into each of 13 selected care categories. These categories reflect common characteristics of nursing home residents that relate to the amount and types of care that they need. They describe the degree of assistance required by residents in carrying out the basic activities of daily living (e.g., bathing, dressing, eating) as well as other characteristics that provide information on the health care needs of residents (e.g., residents who are unable to get out of bed without assistance, residents with special skin care needs, residents on bowel and bladder retraining programs.)

The example above shows the first care category included in each nursing home profile, "Bathing." Following is an explanation of information provided in the profile:

Column 1 — Facility, #: Indicates that 78 residents of the nursing home require some or total assistance in bathing.

Column 2 — Facility, %: Indicates that the 78 residents who require assistance in bathing represent 83% of the nursing home's total population.

Column 3 — State, %: Indicates that, in the State where the nursing home is located, 81% of all skilled nursing facility residents require assistance in bathing.

Column 4 — Nation, %: Indicates that, for the nation as a whole, 81% of all skilled nursing facility residents require assistance in bathing.

The profile then provides similar information for each of the remaining care categories. Note that many residents will be included in more than one of the care categories.

EXAMPLE

SELECTED PERFORMANCE INDICATORS

“Facility” column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. “State” and “Nation” columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. “Met” means that the facility is in compliance with the specific requirement. “Not Met” means the facility was deficient in the indicated area at the time of the survey.

Reminder: *These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.*	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	6	5.0	489	5.0

The last section of the profile “Selected Performance Indicators,” tells about the nursing home’s performance in meeting Federal quality of care requirements. The profile includes 32 performance indicators selected for their usefulness in describing important aspects of a nursing home’s performance. Each indicator is based on a specific regulatory requirement that nursing homes must meet to participate in Medicare or Medicaid.

As shown in the example above, the profile indicates for each performance indicator whether the nursing home met or did not meet minimum Federal requirements on the date of its most recent inspection by State surveyors. Following is an explanation of the information provided in the sample profile for the first performance indicator, “The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.”

Column 1 — Facility Met/Not Met: Shows either “Met” or “Not Met.” “Met” means that the nursing home performed satisfactorily in this area. “Not Met” would mean that the home did not perform satisfactorily in this area.

Column 2 — State, #: Indicates that there were 6 skilled nursing facilities in the State that did not perform satisfactorily in this area.

Column 3 — State, %: Indicates that the 6 facilities that did not perform satisfactorily represent 5% of the skilled nursing facilities in the State.

Column 4 — Nation, #: Indicates that there were 489 skilled nursing facilities in the nation that did not perform satisfactorily in this area.

Column 5 — Nation, %: Indicates that the 489 facilities that did not perform satisfactorily represent 5% of all skilled nursing facilities in the nation.

NURSING HOME PROFILE
ADVENTIST CONVALESCENT HOME

Street Address: 435 E GLADSTONE AVENUE	**City and State:** GLENDORA CA 91740

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 118	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 05/09/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 117	**Medicare Residents:** 1	**Medicaid Residents:** 49

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	96	82.1	83.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	110	94.0	87.4	83.2
Toileting				
Residents requiring some or total assistance in toileting.	100	85.5	80.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	101	86.3	79.4	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	80	68.4	73.0	68.2
Residents on individually written bowel and bladder retraining program.	1	0.9	2.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	50	42.7	42.9	37.7
Completely bedfast residents.	14	12.0	3.8	3.4
Residents confined to chairs.	45	38.5	58.6	50.8
Residents requiring restraints.	50	42.7	45.3	41.3
Confused or disoriented residents.	109	93.2	60.6	58.4
Residents with bed sores.	6	5.1	8.8	7.1
Residents receiving special skin care.	12	10.3	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ARBOR GLEN CARE CENTER

Street Address: 1033 E ARROW HIGHWAY	**City and State:** GLENDORA CA 91740

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 98	**Type of Ownership:** PROPRIETARY	**Survey Date:** 05/13/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 87	**Medicare Residents:** 2	**Medicaid Residents:** 59

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	86	98.9	83.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	71	81.6	87.4	83.2
Toileting				
Residents requiring some or total assistance in toileting.	62	71.3	80.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	69	79.3	79.4	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	58	66.7	73.0	68.2
Residents on individually written bowel and bladder retraining program.	1	1.1	2.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	67	77.0	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	6	6.9	58.6	50.8
Residents requiring restraints.	36	41.4	45.3	41.3
Confused or disoriented residents.	49	56.3	60.6	58.4
Residents with bed sores.	16	18.4	8.8	7.1
Residents receiving special skin care.	29	33.3	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	NOT MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
COMMUNITY CONV HOSPITAL OF GLENDORA

Street Address: 638 E COLORADO AVENUE		**City and State:** GLENDORA CA 91740	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 96	**Type of Ownership:** PROPRIETARY	**Survey Date:** 08/11/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
89	0	67

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	64	71.9	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	71	79.8	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	53	59.6	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	70	78.7	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	53	59.6	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	25	28.1	42.9	37.7
Completely bedfast residents.	3	3.4	3.8	3.4
Residents confined to chairs.	34	38.2	58.6	50.8
Residents requiring restraints.	35	39.3	45.3	41.3
Confused or disoriented residents.	74	83.1	60.6	58.4
Residents with bed sores.	11	12.4	8.8	7.1
Residents receiving special skin care.	12	13.5	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
OAKVIEW CONVALESCENT HOSPITAL

Street Address: 805 W ARROW HIGHWAY		**City and State:** GLENDORA CA 91740	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 292	**Type of Ownership:** PROPRIETARY	**Survey Date:** 01/14/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
273	26	188

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	250	91.6	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	246	90.1	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	228	83.5	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	230	84.2	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	235	86.1	73.0	68.2
Residents on individually written bowel and bladder retraining program.	7	2.6	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	208	76.2	42.9	37.7
Completely bedfast residents.	28	10.3	3.8	3.4
Residents confined to chairs.	197	72.2	58.6	50.8
Residents requiring restraints.	117	42.9	45.3	41.3
Confused or disoriented residents.	170	62.3	60.6	58.4
Residents with bed sores.	20	7.3	8.8	7.1
Residents receiving special skin care.	54	19.8	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

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NURSING HOME PROFILE
OAKVIEW MANOR

Street Address: 1771 S GRAND AVE	**City and State:** GLENDORA CA 91740

Participation: MEDICAID ICF	**# of Beds:** 50	**Type of Ownership:** PROPRIETARY	**Survey Date:** 12/28/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 47	**Medicare Residents:** 0	**Medicaid Residents:** 36

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	8	17.0	57.7	78.3
Dressing Residents requiring some or total assistance in dressing.	2	4.3	35.6	76.7
Toileting Residents requiring some or total assistance in toileting.	2	4.3	12.6	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	4	8.5	14.9	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	0	0.0	13.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	2.0	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	0	0.0	4.1	29.3
Completely bedfast residents.	0	0.0	0.2	3.6
Residents confined to chairs.	5	10.6	4.2	39.1
Residents requiring restraints.	0	0.0	1.4	31.7
Confused or disoriented residents.	33	70.2	23.8	55.8
Residents with bed sores.	0	0.0	0.5	4.7
Residents receiving special skin care.	10	21.3	10.4	24.0

SELECTED PERFORMANCE INDICATORS

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Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	7	18.9	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	3	8.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	3	8.1	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	2	5.4	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	7	18.9	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	4	10.8	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	2	5.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	6	16.2	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	0	0.0	700	12.8

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	1	2.7	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	1	2.7	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	3	8.1	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	14	37.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	6	16.2	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	0	0.0	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	6	16.2	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	5	13.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	16.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	11	29.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	18	48.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	5.4	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	13	35.1	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CASITAS CARE CENTER

Street Address: 10626 BALBOA BOULEVARD	**City and State:** GRANADA HILLS CA 91344

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 99	**Type of Ownership:** PROPRIETARY	**Survey Date:** 09/09/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 97	**Medicare Residents:** 0	**Medicaid Residents:** 74

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	97	100	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	81	83.5	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	81	83.5	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	84	86.6	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	81	83.5	73.0	68.2
Residents on individually written bowel and bladder retraining program.	1	1.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	69	71.1	42.9	37.7
Completely bedfast residents.	2	2.1	3.8	3.4
Residents confined to chairs.	67	69.1	58.6	50.8
Residents requiring restraints.	66	68.0	45.3	41.3
Confused or disoriented residents.	97	100	60.6	58.4
Residents with bed sores.	6	6.2	8.8	7.1
Residents receiving special skin care.	15	15.5	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
GRANADA HILLS CONVALESCENT HOSPITAL

Street Address: 16123 CHATSWORTH STREET	**City and State:** GRANADA HILLS CA 91344

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 48	**Type of Ownership:** PROPRIETARY	**Survey Date:** 02/03/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 46	**Medicare Residents:** 0	**Medicaid Residents:** 18

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	46	100	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	46	100	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	46	100	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	46	100	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	39	84.8	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	10	21.7	42.9	37.7
Completely bedfast residents.	2	4.3	3.8	3.4
Residents confined to chairs.	43	93.5	58.6	50.8
Residents requiring restraints.	32	69.6	45.3	41.3
Confused or disoriented residents.	33	71.7	60.6	58.4
Residents with bed sores.	2	4.3	8.8	7.1
Residents receiving special skin care.	1	2.2	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MAGNOLIA GARDENS CONVALESCENT HOSPITAL

Street Address: 17922 SAN FERNANDO MISSION BOULEVARD		**City and State:** GRANADA HILLS CA 91344	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 99	**Type of Ownership:** PROPRIETARY	**Survey Date:** 09/01/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
99	2	64

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	92	92.9	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	99	100	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	86	86.9	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	86	86.9	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	87	87.9	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	61	61.6	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	76	76.8	58.6	50.8
Residents requiring restraints.	80	80.8	45.3	41.3
Confused or disoriented residents.	86	86.9	60.6	58.4
Residents with bed sores.	13	13.1	8.8	7.1
Residents receiving special skin care.	99	100	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
RINALDI CONVALESCENT HOSPITAL

Street Address: 16553 RINALDI STREET	**City and State:** GRANADA HILLS CA 91344

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 101	**Type of Ownership:** PROPRIETARY	**Survey Date:** 01/08/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 96	**Medicare Residents:** 3	**Medicaid Residents:** 57

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	96	100	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	89	92.7	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	90	93.8	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	88	91.7	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	70	72.9	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	37	38.5	42.9	37.7
Completely bedfast residents.	6	6.3	3.8	3.4
Residents confined to chairs.	77	80.2	58.6	50.8
Residents requiring restraints.	53	55.2	45.3	41.3
Confused or disoriented residents.	40	41.7	60.6	58.4
Residents with bed sores.	6	6.3	8.8	7.1
Residents receiving special skin care.	30	31.3	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
GOLDEN EMPIRE CONV HOSP

Street Address: 121 DORSEY DRIVE	**City and State:** GRASS VALLEY CA 95945

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 158	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 04/20/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 145	**Medicare Residents:** 3	**Medicaid Residents:** 95

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	132	91.0	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	125	86.2	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	100	69.0	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	108	74.5	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	88	60.7	73.0	68.2
Residents on individually written bowel and bladder retraining program.	4	2.8	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	34	23.4	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	89	61.4	58.6	50.8
Residents requiring restraints.	55	37.9	45.3	41.3
Confused or disoriented residents.	87	60.0	60.6	58.4
Residents with bed sores.	13	9.0	8.8	7.1
Residents receiving special skin care.	40	27.6	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
GRASS VALLEY CONV HOSP

Street Address: 107 CATHERINE LANE	**City and State:** GRASS VALLEY CA 95945

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 59	**Type of Ownership:** PROPRIETARY	**Survey Date:** 12/10/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 54	**Medicare Residents:** 0	**Medicaid Residents:** 39

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	54	100	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	51	94.4	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	51	94.4	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	50	92.6	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	54	100	73.0	68.2
Residents on individually written bowel and bladder retraining program.	2	3.7	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	23	42.6	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	41	75.9	58.6	50.8
Residents requiring restraints.	42	77.8	45.3	41.3
Confused or disoriented residents.	45	83.3	60.6	58.4
Residents with bed sores.	9	16.7	8.8	7.1
Residents receiving special skin care.	10	18.5	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MEADOW VIEW MANOR

Street Address: 396 DORSEY DR		**City and State:** GRASS VALLEY CA 95945	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 99	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 09/28/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 16	**Medicare Residents:** 0	**Medicaid Residents:** 0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	15	93.8	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	14	87.5	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	14	87.5	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	14	87.5	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	13	81.3	73.0	68.2
Residents on individually written bowel and bladder retraining program.	11	68.8	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	5	31.3	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	4	25.0	58.6	50.8
Residents requiring restraints.	1	6.3	45.3	41.3
Confused or disoriented residents.	2	12.5	60.6	58.4
Residents with bed sores.	0	0.0	8.8	7.1
Residents receiving special skin care.	1	6.3	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
OAK PARK NURSING HOME

Street Address: 10716 CEDAR AVENUE	**City and State:** GRASS VALLEY CA 95945

Participation: MEDICAID SNF	**# of Beds:** 27	**Type of Ownership:** PROPRIETARY	**Survey Date:** 11/25/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 24	**Medicare Residents:** 0	**Medicaid Residents:** 12

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	23	95.8	83.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	24	100	87.4	83.2
Toileting				
Residents requiring some or total assistance in toileting.	22	91.7	80.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	22	91.7	79.4	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	17	70.8	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	7	29.2	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	22	91.7	58.6	50.8
Residents requiring restraints.	16	66.7	45.3	41.3
Confused or disoriented residents.	21	87.5	60.6	58.4
Residents with bed sores.	3	12.5	8.8	7.1
Residents receiving special skin care.	6	25.0	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SPRING HILL MANOR CONV HOSP

Street Address: 10355 JOERSCHKE DRIVE	**City and State:** GRASS VALLEY CA 95945

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 49	**Type of Ownership:** PROPRIETARY	**Survey Date:** 04/22/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 24	**Medicare Residents:** 3	**Medicaid Residents:** 0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	21	87.5	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	21	87.5	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	20	83.3	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	24	100	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	21	87.5	73.0	68.2
Residents on individually written bowel and bladder retraining program.	1	4.2	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	16	66.7	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	12	50.0	58.6	50.8
Residents requiring restraints.	8	33.3	45.3	41.3
Confused or disoriented residents.	6	25.0	60.6	58.4
Residents with bed sores.	4	16.7	8.8	7.1
Residents receiving special skin care.	2	8.3	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
GREENBRAE CONV HOSP

Street Address: 1220 S ELISEO DRIVE		**City and State:** GREENBRAE CA 94904	
Participation: MEDICARE SNF	**# of Beds:** 72	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 09/28/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
72	72	0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	60	83.3	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	56	77.8	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	55	76.4	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	72	100	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	50	69.4	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	27	37.5	42.9	37.7
Completely bedfast residents.	1	1.4	3.8	3.4
Residents confined to chairs.	35	48.6	58.6	50.8
Residents requiring restraints.	35	48.6	45.3	41.3
Confused or disoriented residents.	34	47.2	60.6	58.4
Residents with bed sores.	6	8.3	8.8	7.1
Residents receiving special skin care.	10	13.9	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
TAMALPAIS THE

Street Address: 501 VIA CASITAS		**City and State:** GREENBRAE CA 94904	
Participation: MEDICARE SNF	**# of Beds:** 52	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 04/14/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
44	0	0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	39	88.6	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	37	84.1	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	35	79.5	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	28	63.6	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	43	97.7	73.0	68.2
Residents on individually written bowel and bladder retraining program.	35	79.5	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	12	27.3	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	8	18.2	58.6	50.8
Residents requiring restraints.	16	36.4	45.3	41.3
Confused or disoriented residents.	40	90.9	60.6	58.4
Residents with bed sores.	0	0.0	8.8	7.1
Residents receiving special skin care.	13	29.5	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
INDIAN VALLEY HOSP - SNF

Street Address: 174 HOT SPRINGS ROAD	**City and State:** GREENVILLE CA 95947

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 17	**Type of Ownership:** LOCAL GOVERNMENT	**Survey Date:** 02/11/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 17	**Medicare Residents:** 0	**Medicaid Residents:** 15

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	17	100	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	15	88.2	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	13	76.5	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	14	82.4	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	16	94.1	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	8	47.1	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	11	64.7	58.6	50.8
Residents requiring restraints.	7	41.2	45.3	41.3
Confused or disoriented residents.	11	64.7	60.6	58.4
Residents with bed sores.	1	5.9	8.8	7.1
Residents receiving special skin care.	1	5.9	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
VALLEY OAKS HEALTH CARE CENTER

Street Address: 246 SPRUCE STREET		**City and State:** GRIDLEY CA 95948	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 82	**Type of Ownership:** PROPRIETARY	**Survey Date:** 03/09/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 76	**Medicare Residents:** 0	**Medicaid Residents:** 63

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	61	80.3	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	72	94.7	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	68	89.5	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	59	77.6	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	51	67.1	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	27	35.5	42.9	37.7
Completely bedfast residents.	1	1.3	3.8	3.4
Residents confined to chairs.	41	53.9	58.6	50.8
Residents requiring restraints.	29	38.2	45.3	41.3
Confused or disoriented residents.	42	55.3	60.6	58.4
Residents with bed sores.	0	0.0	8.8	7.1
Residents receiving special skin care.	75	98.7	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CANTERBURY VILLA OF HANFORD

Street Address: 1007 W LACEY BLVD	**City and State:** HANFORD CA 93230

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 124	**Type of Ownership:** PROPRIETARY	**Survey Date:** 12/29/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 111	**Medicare Residents:** 0	**Medicaid Residents:** 103

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	111	100	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	111	100	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	84	75.7	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	84	75.7	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	74	66.7	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	44	39.6	42.9	37.7
Completely bedfast residents.	10	9.0	3.8	3.4
Residents confined to chairs.	79	71.2	58.6	50.8
Residents requiring restraints.	67	60.4	45.3	41.3
Confused or disoriented residents.	43	38.7	60.6	58.4
Residents with bed sores.	13	11.7	8.8	7.1
Residents receiving special skin care.	20	18.0	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	NOT MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HANFORD CONV HOSP

Street Address: 361 E GRANGEVILLE BLVD		**City and State:** HANFORD CA 93230	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 133	**Type of Ownership:** PROPRIETARY	**Survey Date:** 03/18/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 130	**Medicare Residents:** 3	**Medicaid Residents:** 104

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	120	92.3	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	129	99.2	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	118	90.8	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	117	90.0	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	109	83.8	73.0	68.2
Residents on individually written bowel and bladder retraining program.	1	0.8	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	75	57.7	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	120	92.3	58.6	50.8
Residents requiring restraints.	82	63.1	45.3	41.3
Confused or disoriented residents.	90	69.2	60.6	58.4
Residents with bed sores.	8	6.2	8.8	7.1
Residents receiving special skin care.	130	100	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
KINGS CONVALESCENT CENTER

Street Address: 851 LESLIE LANE		**City and State:** HANFORD CA 93230	
Participation: MEDICAID SNF	**# of Beds:** 59	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 06/17/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
55	0	14

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	55	100	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	54	98.2	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	40	72.7	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	44	80.0	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	38	69.1	73.0	68.2
Residents on individually written bowel and bladder retraining program.	1	1.8	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	26	47.3	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	55	100	58.6	50.8
Residents requiring restraints.	28	50.9	45.3	41.3
Confused or disoriented residents.	24	43.6	60.6	58.4
Residents with bed sores.	4	7.3	8.8	7.1
Residents receiving special skin care.	55	100	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
GOLDEN WEST CONVALESCENT HOSPITAL

Street Address: 11834 INGLEWOOD AVENUE		**City and State:** HAWTHORNE CA 90250	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 105	**Type of Ownership:** PROPRIETARY	**Survey Date:** 11/02/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
99	0	0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	85	85.9	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	92	92.9	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	76	76.8	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	76	76.8	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	76	76.8	73.0	68.2
Residents on individually written bowel and bladder retraining program.	2	2.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	27	27.3	42.9	37.7
Completely bedfast residents.	8	8.1	3.8	3.4
Residents confined to chairs.	77	77.8	58.6	50.8
Residents requiring restraints.	50	50.5	45.3	41.3
Confused or disoriented residents.	80	80.8	60.6	58.4
Residents with bed sores.	11	11.1	8.8	7.1
Residents receiving special skin care.	26	26.3	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HAWTHORNE CONVALESCENT CENTER

Street Address: 11630 S GREVILLEA AVENUE		**City and State:** HAWTHORNE CA 90250	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 88	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 07/29/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
88	0	0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	81	92.0	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	88	100	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	75	85.2	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	68	77.3	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	58	65.9	73.0	68.2
Residents on individually written bowel and bladder retraining program.	1	1.1	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	42	47.7	42.9	37.7
Completely bedfast residents.	2	2.3	3.8	3.4
Residents confined to chairs.	65	73.9	58.6	50.8
Residents requiring restraints.	56	63.6	45.3	41.3
Confused or disoriented residents.	16	18.2	60.6	58.4
Residents with bed sores.	14	15.9	8.8	7.1
Residents receiving special skin care.	14	15.9	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SOUTHWEST CONVALESCENT CENTER

Street Address: 13922 CERISE AVENUE	**City and State:** HAWTHORNE CA 90250

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 99	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 03/03/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 91	**Medicare Residents:** 0	**Medicaid Residents:** 86

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	87	95.6	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	87	95.6	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	87	95.6	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	87	95.6	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	87	95.6	73.0	68.2
Residents on individually written bowel and bladder retraining program.	2	2.2	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	38	41.8	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	34	37.4	58.6	50.8
Residents requiring restraints.	34	37.4	45.3	41.3
Confused or disoriented residents.	91	100	60.6	58.4
Residents with bed sores.	4	4.4	8.8	7.1
Residents receiving special skin care.	0	0.0	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	NOT MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BARRETT CONVALESCENT HOSPITAL

Street Address: 1625 DENTON AVENUE	**City and State:** HAYWARD CA 94545

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 74	**Type of Ownership:** PROPRIETARY	**Survey Date:** 05/29/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 67	**Medicare Residents:** 0	**Medicaid Residents:** 0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	67	100	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	59	88.1	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	59	88.1	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	54	80.6	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	62	92.5	73.0	68.2
Residents on individually written bowel and bladder retraining program.	1	1.5	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	1	1.5	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	51	76.1	58.6	50.8
Residents requiring restraints.	56	83.6	45.3	41.3
Confused or disoriented residents.	61	91.0	60.6	58.4
Residents with bed sores.	6	9.0	8.8	7.1
Residents receiving special skin care.	22	32.8	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BASSARD CONVALESCENT HOSP

Street Address: 3269 D ST	**City and State:** HAYWARD CA 94541

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 71	**Type of Ownership:** PROPRIETARY	**Survey Date:** 07/03/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 69	**Medicare Residents:** 2	**Medicaid Residents:** 65

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	64	92.8	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	65	94.2	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	57	82.6	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	57	82.6	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	55	79.7	73.0	68.2
Residents on individually written bowel and bladder retraining program.	2	2.9	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	21	30.4	42.9	37.7
Completely bedfast residents.	1	1.4	3.8	3.4
Residents confined to chairs.	37	53.6	58.6	50.8
Residents requiring restraints.	26	37.7	45.3	41.3
Confused or disoriented residents.	69	100	60.6	58.4
Residents with bed sores.	1	1.4	8.8	7.1
Residents receiving special skin care.	3	4.3	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BETHESDA HOME

Street Address: 22427 MONTGOMERY ST	**City and State:** HAYWARD CA 94541

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 40	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 10/21/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 37	**Medicare Residents:** 1	**Medicaid Residents:** 21

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	37	100	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	28	75.7	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	30	81.1	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	37	100	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	35	94.6	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	31	83.8	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	10	27.0	58.6	50.8
Residents requiring restraints.	15	40.5	45.3	41.3
Confused or disoriented residents.	2	5.4	60.6	58.4
Residents with bed sores.	1	2.7	8.8	7.1
Residents receiving special skin care.	6	16.2	29.7	31.2

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	NOT MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CARE WEST - GATEWAY NURSING CTR.

Street Address: 26660 PATRICK AVE	**City and State:** HAYWARD CA 94544

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 99	**Type of Ownership:** PROPRIETARY	**Survey Date:** 04/28/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 97	**Medicare Residents:** 5	**Medicaid Residents:** 69

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	89	91.8	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	90	92.8	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	83	85.6	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	87	89.7	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	78	80.4	73.0	68.2
Residents on individually written bowel and bladder retraining program.	1	1.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	66	68.0	42.9	37.7
Completely bedfast residents.	2	2.1	3.8	3.4
Residents confined to chairs.	41	42.3	58.6	50.8
Residents requiring restraints.	58	59.8	45.3	41.3
Confused or disoriented residents.	50	51.5	60.6	58.4
Residents with bed sores.	7	7.2	8.8	7.1
Residents receiving special skin care.	20	20.6	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	NOT MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CREEKSIDE TERRACE

Street Address: 629 HAMPTON ROAD		**City and State:** HAYWARD CA 94541	
Participation: MEDICAID ICF	**# of Beds:** 25	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 01/24/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
23	0	20

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	11	47.8	57.7	78.3
Dressing Residents requiring some or total assistance in dressing.	10	43.5	35.6	76.7
Toileting Residents requiring some or total assistance in toileting.	2	8.7	12.6	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	3	13.0	14.9	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	3	13.0	13.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	2.0	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	1	4.3	4.1	29.3
Completely bedfast residents.	0	0.0	0.2	3.6
Residents confined to chairs.	0	0.0	4.2	39.1
Residents requiring restraints.	1	4.3	1.4	31.7
Confused or disoriented residents.	18	78.3	23.8	55.8
Residents with bed sores.	0	0.0	0.5	4.7
Residents receiving special skin care.	3	13.0	10.4	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	7	18.9	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	3	8.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	3	8.1	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	2	5.4	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	7	18.9	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	4	10.8	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	2	5.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	6	16.2	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	0	0.0	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	1	2.7	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	1	2.7	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	3	8.1	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	14	37.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	6	16.2	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	0	0.0	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	6	16.2	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	5	13.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	6	16.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	11	29.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	18	48.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	5.4	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	13	35.1	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
DRIFTWOOD MANOR

Street Address: 19700 HESPERIAN BLVD		**City and State:** HAYWARD CA 94541	
Participation: MEDICAID ICF	**# of Beds:** 85	**Type of Ownership:** PROPRIETARY	**Survey Date:** 05/11/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
82	0	65

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	18	22.0	57.7	78.3
Dressing Residents requiring some or total assistance in dressing.	18	22.0	35.6	76.7
Toileting Residents requiring some or total assistance in toileting.	1	1.2	12.6	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	6	7.3	14.9	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	2	2.4	13.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	2.0	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	0	0.0	4.1	29.3
Completely bedfast residents.	0	0.0	0.2	3.6
Residents confined to chairs.	0	0.0	4.2	39.1
Residents requiring restraints.	0	0.0	1.4	31.7
Confused or disoriented residents.	14	17.1	23.8	55.8
Residents with bed sores.	0	0.0	0.5	4.7
Residents receiving special skin care.	7	8.5	10.4	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	7	18.9	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	3	8.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	3	8.1	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	2	5.4	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	7	18.9	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	4	10.8	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	2	5.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	6	16.2	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	0	0.0	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	1	2.7	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	1	2.7	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	3	8.1	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	14	37.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	6	16.2	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	0	0.0	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	6	16.2	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	5	13.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	16.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	11	29.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	18	48.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	5.4	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	13	35.1	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
GLEN ELLEN CONV HOSP

Street Address: 21568 BANYAN ST		**City and State:** HAYWARD CA 94541	
Participation: MEDICAID ICF	**# of Beds:** 26	**Type of Ownership:** PROPRIETARY	**Survey Date:** 08/04/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
25	0	20

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	21	84.0	57.7	78.3
Dressing Residents requiring some or total assistance in dressing.	18	72.0	35.6	76.7
Toileting Residents requiring some or total assistance in toileting.	2	8.0	12.6	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	4	16.0	14.9	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	2	8.0	13.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	2.0	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	25	100	4.1	29.3
Completely bedfast residents.	0	0.0	0.2	3.6
Residents confined to chairs.	1	4.0	4.2	39.1
Residents requiring restraints.	0	0.0	1.4	31.7
Confused or disoriented residents.	0	0.0	23.8	55.8
Residents with bed sores.	0	0.0	0.5	4.7
Residents receiving special skin care.	1	4.0	10.4	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	7	18.9	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	3	8.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	3	8.1	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	2	5.4	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	7	18.9	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	4	10.8	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	2	5.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	6	16.2	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	0	0.0	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	1	2.7	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	1	2.7	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	3	8.1	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	14	37.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	6	16.2	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	0	0.0	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	6	16.2	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	5	13.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	16.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	11	29.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	18	48.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	5.4	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	13	35.1	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HAYWARD CONV HOSP

Street Address: 1830 B ST	**City and State:** HAYWARD CA 94541

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 99	**Type of Ownership:** PROPRIETARY	**Survey Date:** 11/20/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 94	**Medicare Residents:** 3	**Medicaid Residents:** 71

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	70	74.5	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	87	92.6	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	87	92.6	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	85	90.4	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	84	89.4	73.0	68.2
Residents on individually written bowel and bladder retraining program.	2	2.1	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	60	63.8	42.9	37.7
Completely bedfast residents.	17	18.1	3.8	3.4
Residents confined to chairs.	64	68.1	58.6	50.8
Residents requiring restraints.	57	60.6	45.3	41.3
Confused or disoriented residents.	69	73.4	60.6	58.4
Residents with bed sores.	0	0.0	8.8	7.1
Residents receiving special skin care.	13	13.8	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HAYWARD HILLS CONV HOSP

Street Address: 1768 B STREET		**City and State:** HAYWARD CA 94541	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 72	**Type of Ownership:** PROPRIETARY	**Survey Date:** 03/08/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 68	**Medicare Residents:** 2	**Medicaid Residents:** 48

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	49	72.1	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	56	82.4	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	53	77.9	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	56	82.4	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	53	77.9	73.0	68.2
Residents on individually written bowel and bladder retraining program.	4	5.9	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	27	39.7	42.9	37.7
Completely bedfast residents.	2	2.9	3.8	3.4
Residents confined to chairs.	55	80.9	58.6	50.8
Residents requiring restraints.	54	79.4	45.3	41.3
Confused or disoriented residents.	50	73.5	60.6	58.4
Residents with bed sores.	8	11.8	8.8	7.1
Residents receiving special skin care.	0	0.0	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	NOT MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HILLHAVEN HAYWARD

Street Address: 442 SUNSET BLVD	**City and State:** HAYWARD CA 94541

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 99	**Type of Ownership:** PROPRIETARY	**Survey Date:** 04/19/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 90	**Medicare Residents:** 5	**Medicaid Residents:** 69

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	88	97.8	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	66	73.3	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	67	74.4	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	60	66.7	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	63	70.0	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	30	33.3	42.9	37.7
Completely bedfast residents.	1	1.1	3.8	3.4
Residents confined to chairs.	53	58.9	58.6	50.8
Residents requiring restraints.	24	26.7	45.3	41.3
Confused or disoriented residents.	36	40.0	60.6	58.4
Residents with bed sores.	3	3.3	8.8	7.1
Residents receiving special skin care.	28	31.1	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HOLLY TREE CONVALESCENT HOSPITAL

Street Address: 553 SMALLEY AVE	**City and State:** HAYWARD CA 94541

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 30	**Type of Ownership:** PROPRIETARY	**Survey Date:** 05/11/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 29	**Medicare Residents:** 29	**Medicaid Residents:** 0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY #	FACILITY %	STATE %	NATION %
Bathing Residents requiring some or total assistance in bathing.	28	96.6	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	25	86.2	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	16	55.2	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	17	58.6	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	21	72.4	73.0	68.2
Residents on individually written bowel and bladder retraining program.	4	13.8	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	27	93.1	42.9	37.7
Completely bedfast residents.	20	69.0	3.8	3.4
Residents confined to chairs.	2	6.9	58.6	50.8
Residents requiring restraints.	10	34.5	45.3	41.3
Confused or disoriented residents.	9	31.0	60.6	58.4
Residents with bed sores.	14	48.3	8.8	7.1
Residents receiving special skin care.	0	0.0	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MAJESTIC PINES CARE CTR

Street Address: 1628 B STREET	**City and State:** HAYWARD CA 94541

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 75	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/28/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 72	**Medicare Residents:** 0	**Medicaid Residents:** 72

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	56	77.8	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	67	93.1	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	63	87.5	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	58	80.6	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	62	86.1	73.0	68.2
Residents on individually written bowel and bladder retraining program.	1	1.4	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	55	76.4	42.9	37.7
Completely bedfast residents.	2	2.8	3.8	3.4
Residents confined to chairs.	57	79.2	58.6	50.8
Residents requiring restraints.	38	52.8	45.3	41.3
Confused or disoriented residents.	24	33.3	60.6	58.4
Residents with bed sores.	8	11.1	8.8	7.1
Residents receiving special skin care.	23	31.9	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS STATE #	STATE %	NATION #	NATION %
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
PARKVIEW CONVALESCENT HOSPITAL

Street Address: 27350 TAMPA AVENUE	**City and State:** HAYWARD CA 94544

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 121	**Type of Ownership:** PROPRIETARY	**Survey Date:** 04/17/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 114	**Medicare Residents:** 8	**Medicaid Residents:** 78

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	60	52.6	83.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	112	98.2	87.4	83.2
Toileting				
Residents requiring some or total assistance in toileting.	97	85.1	80.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	101	88.6	79.4	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	99	86.8	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	64	56.1	42.9	37.7
Completely bedfast residents.	2	1.8	3.8	3.4
Residents confined to chairs.	97	85.1	58.6	50.8
Residents requiring restraints.	64	56.1	45.3	41.3
Confused or disoriented residents.	67	58.8	60.6	58.4
Residents with bed sores.	11	9.6	8.8	7.1
Residents receiving special skin care.	50	43.9	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ST CHRISTOPHER CONV HOSP

Street Address: 22822 MYRTLE ST	**City and State:** HAYWARD CA 94541

Participation: MEDICAID SNF	**# of Beds:** 36	**Type of Ownership:** PROPRIETARY	**Survey Date:** 01/26/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 36	**Medicare Residents:** 0	**Medicaid Residents:** 36

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	26	72.2	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	31	86.1	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	26	72.2	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	24	66.7	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	34	94.4	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	13	36.1	42.9	37.7
Completely bedfast residents.	1	2.8	3.8	3.4
Residents confined to chairs.	29	80.6	58.6	50.8
Residents requiring restraints.	16	44.4	45.3	41.3
Confused or disoriented residents.	36	100	60.6	58.4
Residents with bed sores.	4	11.1	8.8	7.1
Residents receiving special skin care.	3	8.3	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ST ROSE HOSPITAL SNF

Street Address: 27200 CALAROGA AVE	**City and State:** HAYWARD CA 94545

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 46	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 10/20/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 14	**Medicare Residents:** 8	**Medicaid Residents:** 5

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	12	85.7	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	12	85.7	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	12	85.7	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	12	85.7	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	12	85.7	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	9	64.3	42.9	37.7
Completely bedfast residents.	5	35.7	3.8	3.4
Residents confined to chairs.	6	42.9	58.6	50.8
Residents requiring restraints.	2	14.3	45.3	41.3
Confused or disoriented residents.	7	50.0	60.6	58.4
Residents with bed sores.	1	7.1	8.8	7.1
Residents receiving special skin care.	5	35.7	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ST THERESE CONVALESCENT HOSPITAL

Street Address: 21863 VALLEJO STREET	**City and State:** HAYWARD CA 94541

Participation: MEDICAID SNF	**# of Beds:** 36	**Type of Ownership:** PROPRIETARY	**Survey Date:** 04/21/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 35	**Medicare Residents:** 0	**Medicaid Residents:** 29

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	32	91.4	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	30	85.7	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	27	77.1	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	32	91.4	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	26	74.3	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	9	25.7	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	10	28.6	58.6	50.8
Residents requiring restraints.	10	28.6	45.3	41.3
Confused or disoriented residents.	23	65.7	60.6	58.4
Residents with bed sores.	2	5.7	8.8	7.1
Residents receiving special skin care.	8	22.9	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ST. MICHAEL CONV HOSP

Street Address: 25919 GADING RD		**City and State:** HAYWARD CA 94544	
Participation: MEDICAID SNF	**# of Beds:** 99	**Type of Ownership:** PROPRIETARY	**Survey Date:** 04/01/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
98	0	94

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	94	95.9	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	91	92.9	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	91	92.9	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	91	92.9	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	77	78.6	73.0	68.2
Residents on individually written bowel and bladder retraining program.	1	1.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	50	51.0	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	45	45.9	58.6	50.8
Residents requiring restraints.	0	0.0	45.3	41.3
Confused or disoriented residents.	77	78.6	60.6	58.4
Residents with bed sores.	3	3.1	8.8	7.1
Residents receiving special skin care.	43	43.9	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ST.FRANCIS EXTENDED CARE, INC

Street Address: 718 BARTLETT AVE	**City and State:** HAYWARD CA 94541

Participation: MEDICAID SNF	**# of Beds:** 57	**Type of Ownership:** PROPRIETARY	**Survey Date:** 03/10/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 57	**Medicare Residents:** 0	**Medicaid Residents:** 50

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	53	93.0	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	54	94.7	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	48	84.2	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	48	84.2	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	50	87.7	73.0	68.2
Residents on individually written bowel and bladder retraining program.	1	1.8	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	25	43.9	42.9	37.7
Completely bedfast residents.	2	3.5	3.8	3.4
Residents confined to chairs.	24	42.1	58.6	50.8
Residents requiring restraints.	42	73.7	45.3	41.3
Confused or disoriented residents.	44	77.2	60.6	58.4
Residents with bed sores.	6	10.5	8.8	7.1
Residents receiving special skin care.	2	3.5	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
STONEHAVEN CONVALESCENT HOSPITAL

Street Address: 1782 B STREET	**City and State:** HAYWARD CA 94541

Participation: MEDICAID SNF	**# of Beds:** 25	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 02/23/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 21	**Medicare Residents:** 0	**Medicaid Residents:** 19

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	15	71.4	83.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	18	85.7	87.4	83.2
Toileting				
Residents requiring some or total assistance in toileting.	11	52.4	80.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	16	76.2	79.4	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	11	52.4	73.0	68.2
Residents on individually written bowel and bladder retraining program.	1	4.8	2.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	8	38.1	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	15	71.4	58.6	50.8
Residents requiring restraints.	10	47.6	45.3	41.3
Confused or disoriented residents.	16	76.2	60.6	58.4
Residents with bed sores.	3	14.3	8.8	7.1
Residents receiving special skin care.	3	14.3	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facilit was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	NOT MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through ubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging n normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	262	21.8	1408	14.9
solation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available rom the State survey agency or the State ombudsman.

NURSING HOME PROFILE
FOLK NURSING CENTER

Street Address: ROUTE 9 BOX 64	**City and State:** FLORENCE SC 29501

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 88	**Type of Ownership:** PROPRIETARY	**Survey Date:** 12/04/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 85	**Medicare Residents:** 0	**Medicaid Residents:** 56

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	73	85.9	86.1	81.5
Dressing Residents requiring some or total assistance in dressing.	71	83.5	90.6	83.2
Toileting Residents requiring some or total assistance in toileting.	62	72.9	82.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	61	71.8	81.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	49	57.6	74.3	68.2
Residents on individually written bowel and bladder retraining program.	3	3.5	4.2	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	33	38.8	45.2	37.7
Completely bedfast residents.	0	0.0	4.2	3.4
Residents confined to chairs.	39	45.9	61.6	50.8
Residents requiring restraints.	46	54.1	43.9	41.3
Confused or disoriented residents.	44	51.8	69.6	58.4
Residents with bed sores.	6	7.1	7.0	7.1
Residents receiving special skin care.	71	83.5	40.8	31.2

was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	6	5.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	13	11.5	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	2.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	34	30.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	7	6.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	1.8	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	9.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	29	25.7	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	35	31.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	19.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	38	33.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	23	20.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	47	41.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	35	31.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	14	12.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	40	35.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	22	19.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	11	9.7	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	14	12.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	8	7.1	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	22	19.5	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	3	2.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	6	5.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	1	0.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	6	5.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	55	48.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	2.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	41	36.3	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HEALTHSOUTH REHABILITATION CTR

Street Address: 722 S DARGAN ST	**City and State:** FLORENCE SC 29501

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 88	**Type of Ownership:** PROPRIETARY	**Survey Date:** 08/26/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 57	**Medicare Residents:** 42	**Medicaid Residents:** 2

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	27	47.4	86.1	81.5
Dressing Residents requiring some or total assistance in dressing.	46	80.7	90.6	83.2
Toileting Residents requiring some or total assistance in toileting.	55	96.5	82.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	49	86.0	81.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	34	59.6	74.3	68.2
Residents on individually written bowel and bladder retraining program.	11	19.3	4.2	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	33	57.9	45.2	37.7
Completely bedfast residents.	0	0.0	4.2	3.4
Residents confined to chairs.	56	98.2	61.6	50.8
Residents requiring restraints.	20	35.1	43.9	41.3
Confused or disoriented residents.	16	28.1	69.6	58.4
Residents with bed sores.	5	8.8	7.0	7.1
Residents receiving special skin care.	57	100	40.8	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	6	5.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	11.5	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	2.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	34	30.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	7	6.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	1.8	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	11	9.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	29	25.7	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	35	31.0	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	19.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	38	33.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	23	20.4	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	47	41.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	35	31.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	14	12.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	40	35.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	22	19.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	11	9.7	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	14	12.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	8	7.1	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	22	19.5	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	3	2.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	6	5.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	1	0.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	6	5.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	55	48.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	3	2.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	41	36.3	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CLOVERLEAF HEALTHCARE CENTER

Street Address: 275 NORTH SAN JACINTO		**City and State:** HEMET CA 92343	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 99	**Type of Ownership:** PROPRIETARY	**Survey Date:** 07/30/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 99	**Medicare Residents:** 0	**Medicaid Residents:** 0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	97	98.0	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	90	90.9	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	94	94.9	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	91	91.9	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	98	99.0	73.0	68.2
Residents on individually written bowel and bladder retraining program.	1	1.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	53	53.5	42.9	37.7
Completely bedfast residents.	3	3.0	3.8	3.4
Residents confined to chairs.	95	96.0	58.6	50.8
Residents requiring restraints.	54	54.5	45.3	41.3
Confused or disoriented residents.	67	67.7	60.6	58.4
Residents with bed sores.	6	6.1	8.8	7.1
Residents receiving special skin care.	5	5.1	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	NOT MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HEMET CONVALESCENT HOSPITAL

Street Address: 40300 E DEVONSHIRE AVE	**City and State:** HEMET CA 92343

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 99	**Type of Ownership:** PROPRIETARY	**Survey Date:** 02/11/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 91	**Medicare Residents:** 1	**Medicaid Residents:** 41

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	66	72.5	83.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	73	80.2	87.4	83.2
Toileting				
Residents requiring some or total assistance in toileting.	73	80.2	80.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	79	86.8	79.4	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	56	61.5	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	23	25.3	42.9	37.7
Completely bedfast residents.	1	1.1	3.8	3.4
Residents confined to chairs.	52	57.1	58.6	50.8
Residents requiring restraints.	41	45.1	45.3	41.3
Confused or disoriented residents.	40	44.0	60.6	58.4
Residents with bed sores.	5	5.5	8.8	7.1
Residents receiving special skin care.	10	11.0	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MANOR CARE NURSING CENTER OF HEMET

Street Address: 1717 W STETSON AVE		**City and State:** HEMET CA 92343	
Participation: MEDICARE SNF	**# of Beds:** 120	**Type of Ownership:** PROPRIETARY	**Survey Date:** 02/17/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
34	0	0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	32	94.1	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	33	97.1	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	32	94.1	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	30	88.2	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	14	41.2	73.0	68.2
Residents on individually written bowel and bladder retraining program.	1	2.9	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	17	50.0	42.9	37.7
Completely bedfast residents.	2	5.9	3.8	3.4
Residents confined to chairs.	8	23.5	58.6	50.8
Residents requiring restraints.	3	8.8	45.3	41.3
Confused or disoriented residents.	16	47.1	60.6	58.4
Residents with bed sores.	2	5.9	8.8	7.1
Residents receiving special skin care.	5	14.7	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MEADOWBROOK CONV HOSP

Street Address: 461 E JOHNSTON AVE	**City and State:** HEMET CA 92343

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 64	**Type of Ownership:** PROPRIETARY	**Survey Date:** 01/27/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 61	**Medicare Residents:** 0	**Medicaid Residents:** 23

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	41	67.2	83.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	49	80.3	87.4	83.2
Toileting				
Residents requiring some or total assistance in toileting.	45	73.8	80.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	45	73.8	79.4	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	46	75.4	73.0	68.2
Residents on individually written bowel and bladder retraining program.	1	1.6	2.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	9	14.8	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	20	32.8	58.6	50.8
Residents requiring restraints.	25	41.0	45.3	41.3
Confused or disoriented residents.	25	41.0	60.6	58.4
Residents with bed sores.	2	3.3	8.8	7.1
Residents receiving special skin care.	15	24.6	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
RAMONA MANOR CONV HOSP

Street Address: 485 W JOHNSTON AVE	**City and State:** HEMET CA 92343

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 104	**Type of Ownership:** PROPRIETARY	**Survey Date:** 11/13/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 102	**Medicare Residents:** 1	**Medicaid Residents:** 47

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	93	91.2	83.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	102	100	87.4	83.2
Toileting				
Residents requiring some or total assistance in toileting.	95	93.1	80.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	95	93.1	79.4	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	95	93.1	73.0	68.2
Residents on individually written bowel and bladder retraining program.	4	3.9	2.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	29	28.4	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	100	98.0	58.6	50.8
Residents requiring restraints.	65	63.7	45.3	41.3
Confused or disoriented residents.	36	35.3	60.6	58.4
Residents with bed sores.	9	8.8	8.8	7.1
Residents receiving special skin care.	12	11.8	29.7	31.2

SELECTED PERFORMANCE INDICATORS

acility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a an indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of ficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility as deficient in the indicated area at the time of the survey.

eminder: These 32 selected performance indicators do not represent all the requirements a icility must meet. There are over 500 separate requirements. The information presented elow does not reflect the severity or the duration of the problems leading to a deficiency. A eficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
he facility ensures that its written procedures regarding the rights and esponsibilities of residents are followed.	MET	27	2.2	201	2.1
he facility uses a system that assures full and complete accounting of residents' ersonal funds. An accounting report is made to each resident in a skilled nursing acility every three months.	MET	147	12.2	518	5.5
ach resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
rugs to control behavior and physical restraints are only used when authorized by a hysician in writing for a specified period of time or in emergencies.	NOT MET	74	6.2	806	8.5
ach resident is given privacy during treatment and care of personal needs.	NOT MET	314	26.1	1618	17.1
ach resident is allowed to communicate, associate and meet privately with ndividuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
ach resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BAYSHORE SANITARIUM

Street Address: 160 MANHATTAN AVE	**City and State:** HERMOSA BEACH CA 90254

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 49	**Type of Ownership:** PROPRIETARY	**Survey Date:** 02/03/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 43	**Medicare Residents:** 1	**Medicaid Residents:** 27

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	39	90.7	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	40	93.0	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	37	86.0	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	36	83.7	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	33	76.7	73.0	68.2
Residents on individually written bowel and bladder retraining program.	1	2.3	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	23	53.5	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	36	83.7	58.6	50.8
Residents requiring restraints.	22	51.2	45.3	41.3
Confused or disoriented residents.	38	88.4	60.6	58.4
Residents with bed sores.	2	4.7	8.8	7.1
Residents receiving special skin care.	40	93.0	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a acility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HILLHAVEN HIGHLAND HOUSE

Street Address: 7534 PALM AVE	**City and State:** HIGHLAND CA 92346

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 99	**Type of Ownership:** PROPRIETARY	**Survey Date:** 01/14/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 98	**Medicare Residents:** 2	**Medicaid Residents:** 51

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	87	88.8	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	81	82.7	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	75	76.5	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	76	77.6	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	50	51.0	73.0	68.2
Residents on individually written bowel and bladder retraining program.	3	3.1	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	43	43.9	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	74	75.5	58.6	50.8
Residents requiring restraints.	49	50.0	45.3	41.3
Confused or disoriented residents.	60	61.2	60.6	58.4
Residents with bed sores.	7	7.1	8.8	7.1
Residents receiving special skin care.	27	27.6	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SIERRA VISTA

Street Address: 3455 E HIGHLAND AVENUE	**City and State:** HIGHLAND CA 92346

Participation: MEDICAID SNF	**# of Beds:** 116	**Type of Ownership:** PROPRIETARY	**Survey Date:** 11/04/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 115	**Medicare Residents:** 0	**Medicaid Residents:** 110

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	115	100	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	0	0.0	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	0	0.0	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	0	0.0	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	0	0.0	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	0	0.0	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	1	0.9	58.6	50.8
Residents requiring restraints.	0	0.0	45.3	41.3
Confused or disoriented residents.	0	0.0	60.6	58.4
Residents with bed sores.	0	0.0	8.8	7.1
Residents receiving special skin care.	3	2.6	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CARE WEST - HOLLISTER NURSING CENTER

Street Address: 900 SUNSET DRIVE		**City and State:** HOLLISTER CA 95023	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 70	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/27/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
64	3	51

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	52	81.3	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	52	81.3	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	49	76.6	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	48	75.0	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	52	81.3	73.0	68.2
Residents on individually written bowel and bladder retraining program.	1	1.6	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	49	76.6	42.9	37.7
Completely bedfast residents.	3	4.7	3.8	3.4
Residents confined to chairs.	42	65.6	58.6	50.8
Residents requiring restraints.	2	3.1	45.3	41.3
Confused or disoriented residents.	41	64.1	60.6	58.4
Residents with bed sores.	1	1.6	8.8	7.1
Residents receiving special skin care.	9	14.1	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a lan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of eficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility as deficient in the indicated area at the time of the survey.

eminder: These 32 selected performance indicators do not represent all the requirements a acility must meet. There are over 500 separate requirements. The information presented elow does not reflect the severity or the duration of the problems leading to a deficiency. A eficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and esponsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	NOT MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HAZEL HAWKINS CONV HOSP

Street Address: 3110 SOUTHSIDE RD	**City and State:** HOLLISTER CA 95023

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 52	**Type of Ownership:** LOCAL GOVERNMENT	**Survey Date:** 02/11/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 52	**Medicare Residents:** 0	**Medicaid Residents:** 23

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	46	88.5	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	46	88.5	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	39	75.0	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	49	94.2	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	36	69.2	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	23	44.2	42.9	37.7
Completely bedfast residents.	8	15.4	3.8	3.4
Residents confined to chairs.	21	40.4	58.6	50.8
Residents requiring restraints.	22	42.3	45.3	41.3
Confused or disoriented residents.	30	57.7	60.6	58.4
Residents with bed sores.	1	1.9	8.8	7.1
Residents receiving special skin care.	38	73.1	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	NOT MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

eminder: These 32 selected performance indicators do not represent all the requirements a cility must meet. There are over 500 separate requirements. The information presented elow does not reflect the severity or the duration of the problems leading to a deficiency. A eficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
ach resident receives proper care for injections (shots), fluids supplied through ubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning nd tube feeding.	MET	201	16.7	1123	11.9
ach resident receives rehabilitative nursing care to promote maximum physical unctioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
ach resident needing assistance in eating or drinking is provided prompt assistance. pecific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
rugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
enus are planned and followed to meet the nutritional needs of each resident in ccordance with physicians' orders, and to the extent medically possible, based on he recommended dietary allowances of the Food and Nutrition Board of the ational Research Council, National Academy of Sciences.	NOT MET	236	19.7	1389	14.7
herapy is provided according to orders of the attending physician in accordance ith accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
ervices are provided to meet the residents' social and emotional needs by the acility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
n ongoing program of meaningful activities is provided, based on identified needs nd interests of each resident. It is designed to promote opportunities for engaging n normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
ppropriate staff develop and implement a written health care plan for each resident ccording to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ALEXANDRIA CONVALESCENT HOSPITAL

Street Address: 1515 N ALEXANDRIA AVENUE		**City and State:** HOLLYWOOD CA 90027	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 177	**Type of Ownership:** PROPRIETARY	**Survey Date:** 08/27/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
167	167	0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATIO
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	142	85.0	83.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	147	88.0	87.4	83.2
Toileting				
Residents requiring some or total assistance in toileting.	137	82.0	80.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	137	82.0	79.4	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	107	64.1	73.0	68.2
Residents on individually written bowel and bladder retraining program.	4	2.4	2.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	77	46.1	42.9	37.7
Completely bedfast residents.	3	1.8	3.8	3.4
Residents confined to chairs.	98	58.7	58.6	50.8
Residents requiring restraints.	84	50.3	45.3	41.3
Confused or disoriented residents.	110	65.9	60.6	58.4
Residents with bed sores.	12	7.2	8.8	7.1
Residents receiving special skin care.	50	29.9	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ORCHARD GABLES CONV HOSP

Street Address: 1277 N WILCOX AVE	**City and State:** HOLLYWOOD CA 90038

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 59	**Type of Ownership:** PROPRIETARY	**Survey Date:** 02/01/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 57	**Medicare Residents:** 0	**Medicaid Residents:** 49

aution: A large number of residents with these characteristics does not indicate whether those esidents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide ighly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	51	89.5	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	52	91.2	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	44	77.2	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	44	77.2	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	43	75.4	73.0	68.2
Residents on individually written bowel and bladder retraining program.	1	1.8	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	42	73.7	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	47	82.5	58.6	50.8
Residents requiring restraints.	25	43.9	45.3	41.3
Confused or disoriented residents.	18	31.6	60.6	58.4
Residents with bed sores.	5	8.8	8.8	7.1
Residents receiving special skin care.	17	29.8	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a acility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CARE WEST HUNTINGTON VALLEY NURSING CT

Street Address: 8382 NEWMAN AVE		**City and State:** HUNTINGTON BEACH CA 92647	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 144	**Type of Ownership:** PROPRIETARY	**Survey Date:** 04/14/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
136	8	87

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	133	97.8	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	132	97.1	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	131	96.3	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	131	96.3	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	127	93.4	73.0	68.2
Residents on individually written bowel and bladder retraining program.	4	2.9	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	76	55.9	42.9	37.7
Completely bedfast residents.	12	8.8	3.8	3.4
Residents confined to chairs.	90	66.2	58.6	50.8
Residents requiring restraints.	104	76.5	45.3	41.3
Confused or disoriented residents.	120	88.2	60.6	58.4
Residents with bed sores.	16	11.8	8.8	7.1
Residents receiving special skin care.	136	100	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CARE WEST-GARFIELD NURSING CENTER

Street Address: 7781 GARFIELD AVE		**City and State:** HUNTINGTON BEACH CA 92646	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 56	**Type of Ownership:** PROPRIETARY	**Survey Date:** 07/29/87

SELECTED RESIDENT CHARACTERISTICS

otal Residents on Day of Survey: 55	**Medicare Residents:** 1	**Medicaid Residents:** 26

aution: A large number of residents with these characteristics does not indicate whether those esidents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide ighly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
athing				
Residents requiring some or total assistance in bathing.	46	83.6	83.8	81.5
ressing				
Residents requiring some or total assistance in dressing.	50	90.9	87.4	83.2
oileting				
Residents requiring some or total assistance in toileting.	49	89.1	80.6	73.8
ransferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	49	89.1	79.4	77.2
ontinence				
Residents with catheters or partial or total loss of bowel or bladder control.	49	89.1	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
ating				
Residents receiving tube feedings or requiring assistance with eating.	33	60.0	42.9	37.7
Completely bedfast residents.	6	10.9	3.8	3.4
Residents confined to chairs.	45	81.8	58.6	50.8
Residents requiring restraints.	44	80.0	45.3	41.3
Confused or disoriented residents.	45	81.8	60.6	58.4
Residents with bed sores.	2	3.6	8.8	7.1
Residents receiving special skin care.	7	12.7	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HUNTINGTON BEACH CONV HOSPITAL

Street Address: 15811 FLORIDA ST		**City and State:** HUNTINGTON BEACH CA 92648	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 182	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 02/24/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
45	0	31

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	35	77.8	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	11	24.4	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	10	22.2	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	43	95.6	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	15	33.3	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	2	4.4	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	0	0.0	58.6	50.8
Residents requiring restraints.	0	0.0	45.3	41.3
Confused or disoriented residents.	12	26.7	60.6	58.4
Residents with bed sores.	0	0.0	8.8	7.1
Residents receiving special skin care.	4	8.9	29.7	31.2

SELECTED PERFORMANCE INDICATORS

Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a lan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of leficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility vas deficient in the indicated area at the time of the survey.

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HUNTINGTON PARK CONVALESCENT CENTER

Street Address: 6425 MILES AVENUE		**City and State:** HUNTINGTON PARK CA 90255	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 99	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 03/02/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 90	**Medicare Residents:** 2	**Medicaid Residents:** 83

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	84	93.3	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	84	93.3	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	72	80.0	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	75	83.3	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	54	60.0	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	47	52.2	42.9	37.7
Completely bedfast residents.	1	1.1	3.8	3.4
Residents confined to chairs.	6	6.7	58.6	50.8
Residents requiring restraints.	50	55.6	45.3	41.3
Confused or disoriented residents.	35	38.9	60.6	58.4
Residents with bed sores.	7	7.8	8.8	7.1
Residents receiving special skin care.	0	0.0	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

minder: These 32 selected performance indicators do not represent all the requirements a ility must meet. There are over 500 separate requirements. The information presented low does not reflect the severity or the duration of the problems leading to a deficiency. A ficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
ch resident receives proper care for injections (shots), fluids supplied through bes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning d tube feeding.	MET	201	16.7	1123	11.9
ach resident receives rehabilitative nursing care to promote maximum physical nctioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
ach resident needing assistance in eating or drinking is provided prompt assistance. pecific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
rugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
enus are planned and followed to meet the nutritional needs of each resident in ccordance with physicians' orders, and to the extent medically possible, based on e recommended dietary allowances of the Food and Nutrition Board of the ational Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
herapy is provided according to orders of the attending physician in accordance ith accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
ervices are provided to meet the residents' social and emotional needs by the cility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
n ongoing program of meaningful activities is provided, based on identified needs nd interests of each resident. It is designed to promote opportunities for engaging normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
ppropriate staff develop and implement a written health care plan for each resident ccording to the instructions of the attending physician.	MET	288	24.0	1270	13.4
oilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
ll common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
ll essential mechanical and electrical equipment is maintained in safe operating ondition.	NOT MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
IMPERIAL MANOR INC

Street Address: 100 E SECOND ST		**City and State:** IMPERIAL CA 92251	
Participation: MEDICAID SNF	**# of Beds:** 25	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 04/30/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
22	0	22

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	14	63.6	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	11	50.0	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	12	54.5	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	1	4.5	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	1	4.5	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	0	0.0	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	0	0.0	58.6	50.8
Residents requiring restraints.	2	9.1	45.3	41.3
Confused or disoriented residents.	22	100	60.6	58.4
Residents with bed sores.	0	0.0	8.8	7.1
Residents receiving special skin care.	0	0.0	29.7	31.2

SELECTED PERFORMANCE INDICATORS

Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a lan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of eficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility as deficient in the indicated area at the time of the survey.

eminder: These 32 selected performance indicators do not represent all the requirements a acility must meet. There are over 500 separate requirements. The information presented elow does not reflect the severity or the duration of the problems leading to a deficiency. A eficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
he facility ensures that its written procedures regarding the rights and esponsibilities of residents are followed.	MET	27	2.2	201	2.1
he facility uses a system that assures full and complete accounting of residents' ersonal funds. An accounting report is made to each resident in a skilled nursing acility every three months.	MET	147	12.2	518	5.5
ach resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
rugs to control behavior and physical restraints are only used when authorized by a hysician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
DESERT PALMS CONVALESCENT HOSP

treet Address: 82-262 VALENCIA ST	**City and State:** INDIO CA 92201

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 68	**Type of Ownership:** PROPRIETARY	**Survey Date:** 03/24/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 65	**Medicare Residents:** 0	**Medicaid Residents:** 54

aution: A large number of residents with these characteristics does not indicate whether those sidents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide ghly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
athing				
Residents requiring some or total assistance in bathing.	50	76.9	83.8	81.5
ressing				
Residents requiring some or total assistance in dressing.	56	86.2	87.4	83.2
oileting				
Residents requiring some or total assistance in toileting.	46	70.8	80.6	73.8
ransferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	52	80.0	79.4	77.2
ontinence				
Residents with catheters or partial or total loss of bowel or bladder control.	43	66.2	73.0	68.2
Residents on individually written bowel and bladder retraining program.	1	1.5	2.7	4.6
ating				
Residents receiving tube feedings or requiring assistance with eating.	27	41.5	42.9	37.7
ompletely bedfast residents.	1	1.5	3.8	3.4
esidents confined to chairs.	45	69.2	58.6	50.8
esidents requiring restraints.	27	41.5	45.3	41.3
onfused or disoriented residents.	27	41.5	60.6	58.4
esidents with bed sores.	3	4.6	8.8	7.1
esidents receiving special skin care.	10	15.4	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence o deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

eminder: These 32 selected performance indicators do not represent all the requirements a cility must meet. There are over 500 separate requirements. The information presented low does not reflect the severity or the duration of the problems leading to a deficiency. A ficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
ach resident receives proper care for injections (shots), fluids supplied through bes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning nd tube feeding.	MET	201	16.7	1123	11.9
ach resident receives rehabilitative nursing care to promote maximum physical nctioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
ach resident needing assistance in eating or drinking is provided prompt assistance. pecific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
rugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
lenus are planned and followed to meet the nutritional needs of each resident in ccordance with physicians' orders, and to the extent medically possible, based on e recommended dietary allowances of the Food and Nutrition Board of the ational Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
herapy is provided according to orders of the attending physician in accordance ith accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
ervices are provided to meet the residents' social and emotional needs by the acility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
n ongoing program of meaningful activities is provided, based on identified needs nd interests of each resident. It is designed to promote opportunities for engaging normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
ppropriate staff develop and implement a written health care plan for each resident ccording to the instructions of the attending physician.	MET	288	24.0	1270	13.4
oilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
ll common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
ll essential mechanical and electrical equipment is maintained in safe operating ondition.	NOT MET	298	24.8	1413	14.9
esident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
solation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and omfort of residents.	NOT MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary onditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available rom the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MUL-CARE DESERT CONV HOSP

Street Address: 45-500 ALADDIN ST		**City and State:** INDIO CA 92201	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 64	**Type of Ownership:** PROPRIETARY	**Survey Date:** 03/16/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 63	**Medicare Residents:** 0	**Medicaid Residents:** 22

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATIO
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	53	84.1	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	54	85.7	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	54	85.7	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	50	79.4	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	54	85.7	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	23	36.5	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	31	49.2	58.6	50.8
Residents requiring restraints.	40	63.5	45.3	41.
Confused or disoriented residents.	32	50.8	60.6	58.
Residents with bed sores.	3	4.8	8.8	7.
Residents receiving special skin care.	6	9.5	29.7	31.

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ANGELUS CONVALESCENT CENTER EAST

treet Address: 1001 S OSAGE AVENUE	**City and State:** INGLEWOOD CA 90301

articipation: MEDICARE/MEDICAID SNF	**# of Beds:** 55	**Type of Ownership:** PROPRIETARY	**Survey Date:** 04/27/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 49	**Medicare Residents:** 2	**Medicaid Residents:** 44

ution: A large number of residents with these characteristics does not indicate whether those sidents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide ghly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
athing Residents requiring some or total assistance in bathing.	49	100	83.8	81.5
ressing Residents requiring some or total assistance in dressing.	49	100	87.4	83.2
oileting Residents requiring some or total assistance in toileting.	29	59.2	80.6	73.8
ransferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	31	63.3	79.4	77.2
ontinence Residents with catheters or partial or total loss of bowel or bladder control.	26	53.1	73.0	68.2
Residents on individually written bowel and bladder retraining program.	2	4.1	2.7	4.6
ating Residents receiving tube feedings or requiring assistance with eating.	17	34.7	42.9	37.7
ompletely bedfast residents.	0	0.0	3.8	3.4
esidents confined to chairs.	21	42.9	58.6	50.8
esidents requiring restraints.	22	44.9	45.3	41.3
onfused or disoriented residents.	14	28.6	60.6	58.4
esidents with bed sores.	8	16.3	8.8	7.1
esidents receiving special skin care.	16	32.7	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the faci was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ANGELUS CONVALESCENT CENTER WEST

Street Address: 950 SOUTH FLOWER STREET		**City and State:** INGLEWOOD CA 90301	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 59	**Type of Ownership:** PROPRIETARY	**Survey Date:** 06/01/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 57	**Medicare Residents:** 2	**Medicaid Residents:** 46

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	55	96.5	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	55	96.5	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	50	87.7	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	50	87.7	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	47	82.5	73.0	68.2
Residents on individually written bowel and bladder retraining program.	2	3.5	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	13	22.8	42.9	37.7
Completely bedfast residents.	3	5.3	3.8	3.4
Residents confined to chairs.	46	80.7	58.6	50.8
Residents requiring restraints.	31	54.4	45.3	41.3
Confused or disoriented residents.	5	8.8	60.6	58.4
Residents with bed sores.	4	7.0	8.8	7.1
Residents receiving special skin care.	1	1.8	29.7	31.2

SELECTED PERFORMANCE INDICATORS

acility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a n indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of iciencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility s deficient in the indicated area at the time of the survey.

eminder: These 32 selected performance indicators do not represent all the requirements a ility must meet. There are over 500 separate requirements. The information presented low does not reflect the severity or the duration of the problems leading to a deficiency. A ficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
ıe facility ensures that its written procedures regarding the rights and sponsibilities of residents are followed.	MET	27	2.2	201	2.1
ıe facility uses a system that assures full and complete accounting of residents' ersonal funds. An accounting report is made to each resident in a skilled nursing cility every three months.	MET	147	12.2	518	5.5
ach resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
rugs to control behavior and physical restraints are only used when authorized by a ıysician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
ach resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
ach resident is allowed to communicate, associate and meet privately with dividuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
ach resident is allowed to retain and use his/her personal possessions and clothing s space permits.	MET	120	10.0	205	2.2
xcept in a medical emergency, a resident is not transferred or discharged, nor is eatment changed radically, without consultation with the resident or, if the resident incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
he facility ensures that the health care of each resident is under the continuing upervision of a physician.	MET	12	1.0	145	1.5
mergency services from a physician are available and provided to each resident ho requires emergency care.	MET	16	1.3	49	0.5
lursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
ach resident receives daily personal hygiene as needed to assure cleanliness, good kin care, good grooming, and oral hygiene taking into account individual references. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
ach resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
ach resident with a bed sore receives care necessary to promote the healing of the ed sore including proper dressing.	MET	215	17.9	1052	11.1
ach resident who has problems with bowel and bladder control is provided with are necessary to encourage self control, including frequent toileting and pportunities for rehabilitative training.	MET	257	21.4	1512	16.0
ach resident with a urinary catheter receives proper routine care, including periodic valuation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CENTINELA PARK CONVALESCENT HOSPITAL

Street Address: 515 CENTINELA AVENUE	**City and State:** INGLEWOOD CA 90302

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 69	**Type of Ownership:** PROPRIETARY	**Survey Date:** 08/06/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 64	**Medicare Residents:** 0	**Medicaid Residents:** 0

aution: A large number of residents with these characteristics does not indicate whether those esidents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide ighly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
athing Residents requiring some or total assistance in bathing.	64	100	83.8	81.5
ressing Residents requiring some or total assistance in dressing.	53	82.8	87.4	83.2
oileting Residents requiring some or total assistance in toileting.	44	68.8	80.6	73.8
ransferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	44	68.8	79.4	77.2
ontinence Residents with catheters or partial or total loss of bowel or bladder control.	55	85.9	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
ating Residents receiving tube feedings or requiring assistance with eating.	21	32.8	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	38	59.4	58.6	50.8
Residents requiring restraints.	20	31.3	45.3	41.3
Confused or disoriented residents.	64	100	60.6	58.4
Residents with bed sores.	9	14.1	8.8	7.1
Residents receiving special skin care.	64	100	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facili was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

eminder: These 32 selected performance indicators do not represent all the requirements a cility must meet. There are over 500 separate requirements. The information presented low does not reflect the severity or the duration of the problems leading to a deficiency. A ficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
ach resident receives proper care for injections (shots), fluids supplied through bes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning d tube feeding.	MET	201	16.7	1123	11.9
ach resident receives rehabilitative nursing care to promote maximum physical nctioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
ach resident needing assistance in eating or drinking is provided prompt assistance. pecific self-help devices are available when necessary.	NOT MET	352	29.3	1662	17.6
rugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
enus are planned and followed to meet the nutritional needs of each resident in ccordance with physicians' orders, and to the extent medically possible, based on e recommended dietary allowances of the Food and Nutrition Board of the ational Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
herapy is provided according to orders of the attending physician in accordance ith accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
ervices are provided to meet the residents' social and emotional needs by the acility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
n ongoing program of meaningful activities is provided, based on identified needs nd interests of each resident. It is designed to promote opportunities for engaging normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
ppropriate staff develop and implement a written health care plan for each resident ccording to the instructions of the attending physician.	NOT MET	288	24.0	1270	13.4
oilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
ll common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
ll essential mechanical and electrical equipment is maintained in safe operating ondition.	MET	298	24.8	1413	14.9
esident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
solation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and omfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary onditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
rom the State survey agency or the State ombudsman.

NURSING HOME PROFILE
INGLEWOOD HEALTH CARE CENTER

Street Address: 100 S HILLCREST BOULEVARD		**City and State:** INGLEWOOD CA 90301	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 99	**Type of Ownership:** PROPRIETARY	**Survey Date:** 08/05/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 96	**Medicare Residents:** 4	**Medicaid Residents:** 78

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	48	50.0	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	90	93.8	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	72	75.0	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	86	89.6	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	68	70.8	73.0	68.2
Residents on individually written bowel and bladder retraining program.	3	3.1	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	32	33.3	42.9	37.7
Completely bedfast residents.	3	3.1	3.8	3.4
Residents confined to chairs.	70	72.9	58.6	50.8
Residents requiring restraints.	58	60.4	45.3	41.3
Confused or disoriented residents.	55	57.3	60.6	58.4
Residents with bed sores.	11	11.5	8.8	7.1
Residents receiving special skin care.	17	17.7	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a lan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of eficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility as deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a acility must meet. There are over 500 separate requirements. The information presented elow does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and esponsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing acility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
KAISER FOUNDATION HOSP INGLEWOOD

Street Address: 3425 MANCHESTER BLVD		**City and State:** INGLEWOOD CA 90305	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 50	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 12/07/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
26	0	0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	13	50.0	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	24	92.3	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	24	92.3	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	24	92.3	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	15	57.7	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	12	46.2	42.9	37.7
Completely bedfast residents.	12	46.2	3.8	3.4
Residents confined to chairs.	23	88.5	58.6	50.8
Residents requiring restraints.	6	23.1	45.3	41.3
Confused or disoriented residents.	10	38.5	60.6	58.4
Residents with bed sores.	6	23.1	8.8	7.1
Residents receiving special skin care.	26	100	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

eminder: These 32 selected performance indicators do not represent all the requirements a cility must meet. There are over 500 separate requirements. The information presented elow does not reflect the severity or the duration of the problems leading to a deficiency. A eficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
ach resident receives proper care for injections (shots), fluids supplied through bes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning nd tube feeding.	MET	201	16.7	1123	11.9
ach resident receives rehabilitative nursing care to promote maximum physical nctioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
ach resident needing assistance in eating or drinking is provided prompt assistance. pecific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
rugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
enus are planned and followed to meet the nutritional needs of each resident in ccordance with physicians' orders, and to the extent medically possible, based on he recommended dietary allowances of the Food and Nutrition Board of the ational Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
herapy is provided according to orders of the attending physician in accordance ith accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
ervices are provided to meet the residents' social and emotional needs by the acility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
n ongoing program of meaningful activities is provided, based on identified needs nd interests of each resident. It is designed to promote opportunities for engaging n normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
ppropriate staff develop and implement a written health care plan for each resident ccording to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ST ERNE SANITARIUM

Street Address: 527 WEST REGENT STREET	**City and State:** INGLEWOOD CA 90301

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 276	**Type of Ownership:** PROPRIETARY	**Survey Date:** 09/25/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 273	**Medicare Residents:** 0	**Medicaid Residents:** 201

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATIO
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	197	72.2	83.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	203	74.4	87.4	83.2
Toileting				
Residents requiring some or total assistance in toileting.	149	54.6	80.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	83	30.4	79.4	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	162	59.3	73.0	68.2
Residents on individually written bowel and bladder retraining program.	5	1.8	2.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	128	46.9	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	82	30.0	58.6	50.8
Residents requiring restraints.	2	0.7	45.3	41.3
Confused or disoriented residents.	95	34.8	60.6	58.4
Residents with bed sores.	24	8.8	8.8	7.1
Residents receiving special skin care.	85	31.1	29.7	31.2

SELECTED PERFORMANCE INDICATORS

Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a lan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of eficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility as deficient in the indicated area at the time of the survey.

eminder: These 32 selected performance indicators do not represent all the requirements a acility must meet. There are over 500 separate requirements. The information presented elow does not reflect the severity or the duration of the problems leading to a deficiency. A eficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and esponsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing acility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ST. JOSEPH SKILLED NURSING CENTER

Street Address: 333 N. PRAIRIE AVE	**City and State:** INGLEWOOD CA 90301

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 29	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 07/08/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 1	**Medicare Residents:** 1	**Medicaid Residents:** 0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	1	100	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	1	100	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	1	100	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	1	100	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	1	100	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	0	0.0	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	0	0.0	58.6	50.8
Residents requiring restraints.	0	0.0	45.3	41.3
Confused or disoriented residents.	0	0.0	60.6	58.4
Residents with bed sores.	0	0.0	8.8	7.1
Residents receiving special skin care.	0	0.0	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a acility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
REGENTS POINTS - WINDCREST

Street Address: 19191 HARVARD AVE	**City and State:** IRVINE CA 92715

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 59	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 01/13/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 54	**Medicare Residents:** 0	**Medicaid Residents:** 0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	50	92.6	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	53	98.1	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	46	85.2	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	53	98.1	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	36	66.7	73.0	68.2
Residents on individually written bowel and bladder retraining program.	2	3.7	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	27	50.0	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	40	74.1	58.6	50.8
Residents requiring restraints.	16	29.6	45.3	41.3
Confused or disoriented residents.	33	61.1	60.6	58.4
Residents with bed sores.	2	3.7	8.8	7.1
Residents receiving special skin care.	21	38.9	29.7	31.2

SELECTED PERFORMANCE INDICATORS

Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a lan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of eficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility vas deficient in the indicated area at the time of the survey.

eminder: These 32 selected performance indicators do not represent all the requirements a acility must meet. There are over 500 separate requirements. The information presented elow does not reflect the severity or the duration of the problems leading to a deficiency. A eficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
AMADOR HOSP SNF

Street Address: 810 COURT STREET	**City and State:** JACKSON CA 95642

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 89	**Type of Ownership:** LOCAL GOVERNMENT	**Survey Date:** 02/25/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 37	**Medicare Residents:** 0	**Medicaid Residents:** 37

aution: A large number of residents with these characteristics does not indicate whether those esidents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide ighly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	26	70.3	83.8	81.5
ressing Residents requiring some or total assistance in dressing.	29	78.4	87.4	83.2
oileting Residents requiring some or total assistance in toileting.	25	67.6	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	25	67.6	79.4	77.2
ontinence Residents with catheters or partial or total loss of bowel or bladder control.	33	89.2	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
ating Residents receiving tube feedings or requiring assistance with eating.	9	24.3	42.9	37.7
ompletely bedfast residents.	0	0.0	3.8	3.4
esidents confined to chairs.	21	56.8	58.6	50.8
esidents requiring restraints.	14	37.8	45.3	41.3
onfused or disoriented residents.	24	64.9	60.6	58.4
esidents with bed sores.	3	8.1	8.8	7.1
esidents receiving special skin care.	5	13.5	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facil was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

eminder: These 32 selected performance indicators do not represent all the requirements a cility must meet. There are over 500 separate requirements. The information presented low does not reflect the severity or the duration of the problems leading to a deficiency. A ficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
ach resident receives proper care for injections (shots), fluids supplied through bes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning nd tube feeding.	MET	201	16.7	1123	11.9
ach resident receives rehabilitative nursing care to promote maximum physical nctioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
ach resident needing assistance in eating or drinking is provided prompt assistance. pecific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
rugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
enus are planned and followed to meet the nutritional needs of each resident in ccordance with physicians' orders, and to the extent medically possible, based on e recommended dietary allowances of the Food and Nutrition Board of the ational Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
herapy is provided according to orders of the attending physician in accordance ith accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
ervices are provided to meet the residents' social and emotional needs by the cility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
n ongoing program of meaningful activities is provided, based on identified needs nd interests of each resident. It is designed to promote opportunities for engaging normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
ppropriate staff develop and implement a written health care plan for each resident ccording to the instructions of the attending physician.	MET	288	24.0	1270	13.4
oilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
l common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
l essential mechanical and electrical equipment is maintained in safe operating ondition.	MET	298	24.8	1413	14.9
esident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
olation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
he facility has available at all times a quantity of linen essential for proper care and omfort of residents.	MET	238	19.8	700	7.4
ood is stored, refrigerated, prepared, distributed, and served under sanitary onditions.	MET	536	44.6	4050	42.8

eminder: The results of the full survey are available
m the State survey agency or the State ombudsman.

NURSING HOME PROFILE
KIT CARSON CONVALESCENT HOSPITAL

Street Address: 811 COURT STREET	**City and State:** JACKSON CA 95642

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 140	**Type of Ownership:** PROPRIETARY	**Survey Date:** 04/22/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 131	**Medicare Residents:** 2	**Medicaid Residents:** 67

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	117	89.3	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	113	86.3	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	112	85.5	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	103	78.6	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	112	85.5	73.0	68.2
Residents on individually written bowel and bladder retraining program.	2	1.5	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	45	34.4	42.9	37.7
Completely bedfast residents.	1	0.8	3.8	3.4
Residents confined to chairs.	90	68.7	58.6	50.8
Residents requiring restraints.	90	68.7	45.3	41.3
Confused or disoriented residents.	106	80.9	60.6	58.4
Residents with bed sores.	7	5.3	8.8	7.1
Residents receiving special skin care.	63	48.1	29.7	31.2

SELECTED PERFORMANCE INDICATORS

Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a lan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of eficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility as deficient in the indicated area at the time of the survey.

eminder: These 32 selected performance indicators do not represent all the requirements a acility must meet. There are over 500 separate requirements. The information presented elow does not reflect the severity or the duration of the problems leading to a deficiency. A eficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
he facility ensures that its written procedures regarding the rights and esponsibilities of residents are followed.	MET	27	2.2	201	2.1
he facility uses a system that assures full and complete accounting of residents' ersonal funds. An accounting report is made to each resident in a skilled nursing acility every three months.	MET	147	12.2	518	5.5
ach resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
rugs to control behavior and physical restraints are only used when authorized by a hysician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
ach resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
ach resident is allowed to communicate, associate and meet privately with ndividuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
ach resident is allowed to retain and use his/her personal possessions and clothing s space permits.	MET	120	10.0	205	2.2
xcept in a medical emergency, a resident is not transferred or discharged, nor is reatment changed radically, without consultation with the resident or, if the resident incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
he facility ensures that the health care of each resident is under the continuing upervision of a physician.	MET	12	1.0	145	1.5
mergency services from a physician are available and provided to each resident vho requires emergency care.	MET	16	1.3	49	0.5
lursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
ach resident receives daily personal hygiene as needed to assure cleanliness, good kin care, good grooming, and oral hygiene taking into account individual references. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
ach resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
ach resident with a bed sore receives care necessary to promote the healing of the ed sore including proper dressing.	MET	215	17.9	1052	11.1
ach resident who has problems with bowel and bladder control is provided with are necessary to encourage self control, including frequent toileting and pportunities for rehabilitative training.	MET	257	21.4	1512	16.0
ach resident with a urinary catheter receives proper routine care, including periodic valuation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CARE WEST-BAYSIDE NURS & REHAB CTR

Street Address: 1251 SO ELISEO DRIVE	**City and State:** KENTFIELD CA 94904

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 99	**Type of Ownership:** PROPRIETARY	**Survey Date:** 03/22/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 87	**Medicare Residents:** 8	**Medicaid Residents:** 36

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	78	89.7	83.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	85	97.7	87.4	83.2
Toileting				
Residents requiring some or total assistance in toileting.	75	86.2	80.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	76	87.4	79.4	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	75	86.2	73.0	68.2
Residents on individually written bowel and bladder retraining program.	2	2.3	2.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	9	10.3	42.9	37.7
Completely bedfast residents.	2	2.3	3.8	3.4
Residents confined to chairs.	46	52.9	58.6	50.8
Residents requiring restraints.	35	40.2	45.3	41.3
Confused or disoriented residents.	62	71.3	60.6	58.4
Residents with bed sores.	5	5.7	8.8	7.1
Residents receiving special skin care.	38	43.7	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
GEORGE L MEE MEMORIAL HOSPITAL

Street Address: 300 CANAL ST		**City and State:** KING CITY CA 93930	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 11	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 07/28/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 5	**Medicare Residents:** 0	**Medicaid Residents:** 2

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	4	80.0	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	5	100	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	5	100	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	5	100	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	4	80.0	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	2	40.0	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	3	60.0	58.6	50.8
Residents requiring restraints.	3	60.0	45.3	41.3
Confused or disoriented residents.	5	100	60.6	58.4
Residents with bed sores.	0	0.0	8.8	7.1
Residents receiving special skin care.	0	0.0	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	NOT MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CARE WEST-KINGSBURG NURSING CENTER

Street Address: 1101 STROUD AVE	**City and State:** KINGSBURG CA 93631

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 86	**Type of Ownership:** PROPRIETARY	**Survey Date:** 01/22/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 82	**Medicare Residents:** 3	**Medicaid Residents:** 49

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	72	87.8	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	77	93.9	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	67	81.7	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	68	82.9	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	80	97.6	73.0	68.2
Residents on individually written bowel and bladder retraining program.	4	4.9	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	37	45.1	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	50	61.0	58.6	50.8
Residents requiring restraints.	43	52.4	45.3	41.3
Confused or disoriented residents.	62	75.6	60.6	58.4
Residents with bed sores.	5	6.1	8.8	7.1
Residents receiving special skin care.	75	91.5	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
VERDUGO VISTA CONVALESCENT HOSPITAL

Street Address: 3050 MONTROSE AVENUE		**City and State:** LA CRESCENTA CA 91214	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 92	**Type of Ownership:** PROPRIETARY	**Survey Date:** 11/16/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 84	**Medicare Residents:** 8	**Medicaid Residents:** 27

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	80	95.2	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	82	97.6	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	77	91.7	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	67	79.8	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	64	76.2	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	41	48.8	42.9	37.7
Completely bedfast residents.	3	3.6	3.8	3.4
Residents confined to chairs.	71	84.5	58.6	50.8
Residents requiring restraints.	41	48.8	45.3	41.3
Confused or disoriented residents.	56	66.7	60.6	58.4
Residents with bed sores.	10	11.9	8.8	7.1
Residents receiving special skin care.	56	66.7	29.7	31.2

SELECTED PERFORMANCE INDICATORS

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Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
LA HABRA CONV HOSP

Street Address: 1233 W LAHABRA BLVD	**City and State:** LA HABRA CA 90631

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 86	**Type of Ownership:** PROPRIETARY	**Survey Date:** 09/21/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 77	**Medicare Residents:** 4	**Medicaid Residents:** 33

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	76	98.7	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	76	98.7	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	76	98.7	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	74	96.1	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	72	93.5	73.0	68.2
Residents on individually written bowel and bladder retraining program.	1	1.3	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	25	32.5	42.9	37.7
Completely bedfast residents.	1	1.3	3.8	3.4
Residents confined to chairs.	72	93.5	58.6	50.8
Residents requiring restraints.	0	0.0	45.3	41.3
Confused or disoriented residents.	74	96.1	60.6	58.4
Residents with bed sores.	0	0.0	8.8	7.1
Residents receiving special skin care.	0	0.0	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
LA JOLLA CONV HOSP

Street Address: 6211 LA JOLLA HERMOSA AVE	**City and State:** LA JOLLA CA 92037

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 41	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 04/30/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 34	**Medicare Residents:** 0	**Medicaid Residents:** 0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	30	88.2	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	31	91.2	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	28	82.4	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	28	82.4	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	28	82.4	73.0	68.2
Residents on individually written bowel and bladder retraining program.	2	5.9	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	8	23.5	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	13	38.2	58.6	50.8
Residents requiring restraints.	16	47.1	45.3	41.3
Confused or disoriented residents.	16	47.1	60.6	58.4
Residents with bed sores.	4	11.8	8.8	7.1
Residents receiving special skin care.	13	38.2	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
TORREY PINES CONVALESCENT HOSPITAL

Street Address: 2552 TORREY PINE ROAD	**City and State:** LA JOLLA CA 92037

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 161	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 02/06/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 130	**Medicare Residents:** 10	**Medicaid Residents:** 45

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	114	87.7	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	113	86.9	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	110	84.6	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	118	90.8	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	79	60.8	73.0	68.2
Residents on individually written bowel and bladder retraining program.	4	3.1	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	49	37.7	42.9	37.7
Completely bedfast residents.	1	0.8	3.8	3.4
Residents confined to chairs.	85	65.4	58.6	50.8
Residents requiring restraints.	98	75.4	45.3	41.3
Confused or disoriented residents.	82	63.1	60.6	58.4
Residents with bed sores.	14	10.8	8.8	7.1
Residents receiving special skin care.	76	58.5	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a acility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through ubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical unctioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging n normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BEVERLY MANOR CONVALESCENT HOSPITAL

Street Address: 5696 LAKE MURRAY BLVD		**City and State:** LA MESA CA 92041	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 99	**Type of Ownership:** PROPRIETARY	**Survey Date:** 12/18/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 97	**Medicare Residents:** 3	**Medicaid Residents:** 57

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	90	92.8	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	97	100	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	89	91.8	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	88	90.7	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	86	88.7	73.0	68.2
Residents on individually written bowel and bladder retraining program.	1	1.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	37	38.1	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	65	67.0	58.6	50.8
Residents requiring restraints.	67	69.1	45.3	41.3
Confused or disoriented residents.	67	69.1	60.6	58.4
Residents with bed sores.	15	15.5	8.8	7.1
Residents receiving special skin care.	32	33.0	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CALIF SPECIAL CARE CTR INC.

Street Address: 8787 CENTER DRIVE		**City and State:** LA MESA CA 92041	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 90	**Type of Ownership:** PROPRIETARY	**Survey Date:** 03/17/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 75	**Medicare Residents:** 0	**Medicaid Residents:** 75

aution: A large number of residents with these characteristics does not indicate whether those esidents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide ighly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
athing				
Residents requiring some or total assistance in bathing.	67	89.3	83.8	81.5
ressing				
Residents requiring some or total assistance in dressing.	55	73.3	87.4	83.2
oileting				
Residents requiring some or total assistance in toileting.	68	90.7	80.6	73.8
ransferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	66	88.0	79.4	77.2
ontinence				
Residents with catheters or partial or total loss of bowel or bladder control.	58	77.3	73.0	68.2
Residents on individually written bowel and bladder retraining program.	4	5.3	2.7	4.6
ating				
Residents receiving tube feedings or requiring assistance with eating.	35	46.7	42.9	37.7
ompletely bedfast residents.	1	1.3	3.8	3.4
esidents confined to chairs.	68	90.7	58.6	50.8
esidents requiring restraints.	35	46.7	45.3	41.3
onfused or disoriented residents.	49	65.3	60.6	58.4
esidents with bed sores.	12	16.0	8.8	7.1
esidents receiving special skin care.	37	49.3	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
COMMUNITY CONV HOSP OF LA MESA

Street Address: 8665 LA MESA BOULEVARD		**City and State:** LA MESA CA 92041	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 122	**Type of Ownership:** PROPRIETARY	**Survey Date:** 07/01/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 122	**Medicare Residents:** 4	**Medicaid Residents:** 52

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	91	74.6	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	112	91.8	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	112	91.8	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	112	91.8	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	99	81.1	73.0	68.2
Residents on individually written bowel and bladder retraining program.	5	4.1	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	74	60.7	42.9	37.7
Completely bedfast residents.	4	3.3	3.8	3.4
Residents confined to chairs.	62	50.8	58.6	50.8
Residents requiring restraints.	93	76.2	45.3	41.3
Confused or disoriented residents.	109	89.3	60.6	58.4
Residents with bed sores.	7	5.7	8.8	7.1
Residents receiving special skin care.	35	28.7	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HACIENDA DE LA MESA CONVALESCENT HOSP

Street Address: 7760 PARKWAY DRIVE	**City and State:** LA MESA CA 92041

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 59	**Type of Ownership:** PROPRIETARY	**Survey Date:** 08/28/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 59	**Medicare Residents:** 0	**Medicaid Residents:** 33

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	59	100	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	59	100	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	46	78.0	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	46	78.0	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	41	69.5	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	18	30.5	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	21	35.6	58.6	50.8
Residents requiring restraints.	31	52.5	45.3	41.3
Confused or disoriented residents.	36	61.0	60.6	58.4
Residents with bed sores.	1	1.7	8.8	7.1
Residents receiving special skin care.	2	3.4	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence c deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facilit was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SAN DIEGO CONVALESCENT HOSPITAL

Street Address: 3780 MASSACHUSETTS AVE	**City and State:** LA MESA CA 92041

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 94	**Type of Ownership:** PROPRIETARY	**Survey Date:** 05/29/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 91	**Medicare Residents:** 6	**Medicaid Residents:** 66

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	62	68.1	83.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	75	82.4	87.4	83.2
Toileting				
Residents requiring some or total assistance in toileting.	77	84.6	80.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	76	83.5	79.4	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	64	70.3	73.0	68.2
Residents on individually written bowel and bladder retraining program.	3	3.3	2.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	37	40.7	42.9	37.7
Completely bedfast residents.	6	6.6	3.8	3.4
Residents confined to chairs.	24	26.4	58.6	50.8
Residents requiring restraints.	62	68.1	45.3	41.3
Confused or disoriented residents.	45	49.5	60.6	58.4
Residents with bed sores.	6	6.6	8.8	7.1
Residents receiving special skin care.	25	27.5	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident s incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
IMPERIAL CONVALESCENT CENTER

Street Address: 11926 LA MIRADA BOULEVARD	**City and State:** LA MIRADA CA 90638

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 99	**Type of Ownership:** PROPRIETARY	**Survey Date:** 12/14/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 94	**Medicare Residents:** 1	**Medicaid Residents:** 62

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	94	100	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	81	86.2	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	72	76.6	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	74	78.7	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	63	67.0	73.0	68.2
Residents on individually written bowel and bladder retraining program.	2	2.1	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	24	25.5	42.9	37.7
Completely bedfast residents.	2	2.1	3.8	3.4
Residents confined to chairs.	74	78.7	58.6	50.8
Residents requiring restraints.	45	47.9	45.3	41.3
Confused or disoriented residents.	39	41.5	60.6	58.4
Residents with bed sores.	13	13.8	8.8	7.1
Residents receiving special skin care.	48	51.1	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating ondition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
solation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and omfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary onditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
om the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MIRADA HILLS CONV AND REHAB HOSP

Street Address: 12200 S LA MIRADA BOULEVARD	**City and State:** LA MIRADA CA 90638

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 158	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 12/04/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 132	**Medicare Residents:** 6	**Medicaid Residents:** 102

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	118	89.4	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	119	90.2	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	111	84.1	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	114	86.4	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	114	86.4	73.0	68.2
Residents on individually written bowel and bladder retraining program.	3	2.3	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	51	38.6	42.9	37.7
Completely bedfast residents.	13	9.8	3.8	3.4
Residents confined to chairs.	95	72.0	58.6	50.8
Residents requiring restraints.	89	67.4	45.3	41.3
Confused or disoriented residents.	89	67.4	60.6	58.4
Residents with bed sores.	10	7.6	8.8	7.1
Residents receiving special skin care.	0	0.0	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	NOT MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
WOODS MEMORIAL CONVALESCENT HOSPITAL

Street Address: 2600 A STREET		**City and State:** LA VERNE CA 91750	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 75	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 12/21/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 71	**Medicare Residents:** 1	**Medicaid Residents:** 18

aution: A large number of residents with these characteristics does not indicate whether those esidents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide ighly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
athing				
Residents requiring some or total assistance in bathing.	49	69.0	83.8	81.5
ressing				
Residents requiring some or total assistance in dressing.	68	95.8	87.4	83.2
oileting				
Residents requiring some or total assistance in toileting.	66	93.0	80.6	73.8
ransferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	61	85.9	79.4	77.2
ontinence				
Residents with catheters or partial or total loss of bowel or bladder control.	51	71.8	73.0	68.2
Residents on individually written bowel and bladder retraining program.	1	1.4	2.7	4.6
ating				
Residents receiving tube feedings or requiring assistance with eating.	30	42.3	42.9	37.7
ompletely bedfast residents.	5	7.0	3.8	3.4
esidents confined to chairs.	50	70.4	58.6	50.8
esidents requiring restraints.	34	47.9	45.3	41.3
onfused or disoriented residents.	46	64.8	60.6	58.4
esidents with bed sores.	3	4.2	8.8	7.1
esidents receiving special skin care.	4	5.6	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
LAFAYETTE CONV HOSP

Street Address: 1010 1ST ST		**City and State:** LAFAYETTE CA 94549	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 52	**Type of Ownership:** PROPRIETARY	**Survey Date:** 07/17/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 47	**Medicare Residents:** 1	**Medicaid Residents:** 0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	47	100	83.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	47	100	87.4	83.2
Toileting				
Residents requiring some or total assistance in toileting.	35	74.5	80.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	34	72.3	79.4	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	37	78.7	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	22	46.8	42.9	37.7
Completely bedfast residents.	2	4.3	3.8	3.4
Residents confined to chairs.	19	40.4	58.6	50.8
Residents requiring restraints.	31	66.0	45.3	41.3
Confused or disoriented residents.	38	80.9	60.6	58.4
Residents with bed sores.	1	2.1	8.8	7.1
Residents receiving special skin care.	47	100	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	NOT MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
WOODLAND LAFAYETTE

Street Address: 3721 MT DIABLO BLVD	**City and State:** LAFAYETTE CA 94549

Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE SNF	30	PROPRIETARY	11/04/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
30	0	0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	30	100	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	30	100	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	29	96.7	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	27	90.0	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	29	96.7	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	11	36.7	42.9	37.7
Completely bedfast residents.	2	6.7	3.8	3.4
Residents confined to chairs.	16	53.3	58.6	50.8
Residents requiring restraints.	27	90.0	45.3	41.3
Confused or disoriented residents.	30	100	60.6	58.4
Residents with bed sores.	0	0.0	8.8	7.1
Residents receiving special skin care.	30	100	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	NOT MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BEVERLY MANOR CONVALESCENT HOSPITAL

Street Address: 24452 VIA ESTRADA		**City and State:** LAGUNA HILLS CA 92653	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 218	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/14/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 186	**Medicare Residents:** 24	**Medicaid Residents:** 34

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	172	92.5	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	181	97.3	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	176	94.6	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	174	93.5	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	148	79.6	73.0	68.2
Residents on individually written bowel and bladder retraining program.	4	2.2	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	101	54.3	42.9	37.7
Completely bedfast residents.	8	4.3	3.8	3.4
Residents confined to chairs.	89	47.8	58.6	50.8
Residents requiring restraints.	115	61.8	45.3	41.3
Confused or disoriented residents.	129	69.4	60.6	58.4
Residents with bed sores.	26	14.0	8.8	7.1
Residents receiving special skin care.	102	54.8	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
PALM TERRACE HEALTHCARE CENTER

Street Address: 24962 CALLE ARAGON	**City and State:** LAGUNA HILLS CA 92653

Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE SNF	99	PROPRIETARY	04/28/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
40	5	0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	33	82.5	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	35	87.5	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	33	82.5	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	33	82.5	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	33	82.5	73.0	68.2
Residents on individually written bowel and bladder retraining program.	1	2.5	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	9	22.5	42.9	37.7
Completely bedfast residents.	2	5.0	3.8	3.4
Residents confined to chairs.	18	45.0	58.6	50.8
Residents requiring restraints.	12	30.0	45.3	41.3
Confused or disoriented residents.	27	67.5	60.6	58.4
Residents with bed sores.	7	17.5	8.8	7.1
Residents receiving special skin care.	10	25.0	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
LAKEPORT SKILLED NURSING CTR INC

Street Address: 625 16TH ST		**City and State:** LAKEPORT CA 95453	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 90	**Type of Ownership:** PROPRIETARY	**Survey Date:** 12/17/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
86	2	71

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	54	62.8	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	81	94.2	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	77	89.5	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	76	88.4	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	56	65.1	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	28	32.6	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	45	52.3	58.6	50.8
Residents requiring restraints.	62	72.1	45.3	41.3
Confused or disoriented residents.	40	46.5	60.6	58.4
Residents with bed sores.	4	4.7	8.8	7.1
Residents receiving special skin care.	17	19.8	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
PACIFIC REGENCY/LAKEPORT

Street Address: 1291 CRAIG AVENUE	**City and State:** LAKEPORT CA 95453

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 99	**Type of Ownership:** PROPRIETARY	**Survey Date:** 01/21/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 85	**Medicare Residents:** 5	**Medicaid Residents:** 59

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	80	94.1	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	82	96.5	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	60	70.6	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	65	76.5	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	51	60.0	73.0	68.2
Residents on individually written bowel and bladder retraining program.	2	2.4	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	34	40.0	42.9	37.7
Completely bedfast residents.	1	1.2	3.8	3.4
Residents confined to chairs.	69	81.2	58.6	50.8
Residents requiring restraints.	24	28.2	45.3	41.3
Confused or disoriented residents.	61	71.8	60.6	58.4
Residents with bed sores.	6	7.1	8.8	7.1
Residents receiving special skin care.	8	9.4	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a acility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through ubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical unctioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on he recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the acility or by referral to an appropriate social agency.	NOT MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging n normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident ccording to the instructions of the attending physician.	MET	288	24.0	1270	13.4
oilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating ondition.	MET	298	24.8	1413	14.9
esident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
solation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
he facility has available at all times a quantity of linen essential for proper care and omfort of residents.	NOT MET	238	19.8	700	7.4
ood is stored, refrigerated, prepared, distributed, and served under sanitary onditions.	NOT MET	536	44.6	4050	42.8

eminder: The results of the full survey are available
om the State survey agency or the State ombudsman.

NURSING HOME PROFILE
FRIENDSHIP MANOR/LAKESIDE

Street Address: 11962 WOODSIDE AVENUE		**City and State:** LAKESIDE CA 92040	
Participation: MEDICAID SNF	**# of Beds:** 94	**Type of Ownership:** PROPRIETARY	**Survey Date:** 04/21/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 1	**Medicare Residents:** 0	**Medicaid Residents:** 0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	0	0.0	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	0	0.0	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	0	0.0	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	0	0.0	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	0	0.0	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	1	100	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	0	0.0	58.6	50.8
Residents requiring restraints.	0	0.0	45.3	41.3
Confused or disoriented residents.	0	0.0	60.6	58.4
Residents with bed sores.	0	0.0	8.8	7.1
Residents receiving special skin care.	0	0.0	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
COUNTRY MANOR CONVALESCENT HOSPITAL

Street Address: 11723 FENTON AVENUE	**City and State:** LAKEVIEW TERRACE CA 91342

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 99	**Type of Ownership:** PROPRIETARY	**Survey Date:** 06/24/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 96	**Medicare Residents:** 0	**Medicaid Residents:** 47

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	54	56.3	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	38	39.6	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	31	32.3	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	19	19.8	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	23	24.0	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	50	52.1	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	19	19.8	58.6	50.8
Residents requiring restraints.	1	1.0	45.3	41.3
Confused or disoriented residents.	96	100	60.6	58.4
Residents with bed sores.	1	1.0	8.8	7.1
Residents receiving special skin care.	9	9.4	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
rom the State survey agency or the State ombudsman.

NURSING HOME PROFILE
GOOD SHEPHERD CONVALESCENT CENTER

Street Address: 11505 KAGEL CANYON ST		**City and State:** LAKEVIEW TERRACE CA 91342	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 126	**Type of Ownership:** PROPRIETARY	**Survey Date:** 02/24/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 111	**Medicare Residents:** 7	**Medicaid Residents:** 99

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY #	FACILITY %	STATE %	NATION %
Bathing Residents requiring some or total assistance in bathing.	101	91.0	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	101	91.0	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	91	82.0	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	96	86.5	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	73	65.8	73.0	68.2
Residents on individually written bowel and bladder retraining program.	2	1.8	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	77	69.4	42.9	37.7
Completely bedfast residents.	23	20.7	3.8	3.4
Residents confined to chairs.	73	65.8	58.6	50.8
Residents requiring restraints.	95	85.6	45.3	41.3
Confused or disoriented residents.	102	91.9	60.6	58.4
Residents with bed sores.	11	9.9	8.8	7.1
Residents receiving special skin care.	9	8.1	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with ndividuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	NOT MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is reatment changed radically, without consultation with the resident or, if the resident s incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
ach resident with a bed sore receives care necessary to promote the healing of the ed sore including proper dressing.	MET	215	17.9	1052	11.1
ach resident who has problems with bowel and bladder control is provided with are necessary to encourage self control, including frequent toileting and pportunities for rehabilitative training.	MET	257	21.4	1512	16.0
ach resident with a urinary catheter receives proper routine care, including periodic valuation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ANTELOPE VALLEY CONV HOSP AND NUR HOME

Street Address: 44445 N 15TH STREET WEST		**City and State:** LANCASTER CA 93534	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 299	**Type of Ownership:** PROPRIETARY	**Survey Date:** 02/10/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
287	1	254

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	245	85.4	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	249	86.8	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	231	80.5	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	226	78.7	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	205	71.4	73.0	68.2
Residents on individually written bowel and bladder retraining program.	5	1.7	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	100	34.8	42.9	37.7
Completely bedfast residents.	28	9.8	3.8	3.4
Residents confined to chairs.	190	66.2	58.6	50.8
Residents requiring restraints.	175	61.0	45.3	41.3
Confused or disoriented residents.	186	64.8	60.6	58.4
Residents with bed sores.	31	10.8	8.8	7.1
Residents receiving special skin care.	85	29.6	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the acility or by referral to an appropriate social agency.	NOT MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging n normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
solation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary onditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available om the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HIGH DESERT HOSPITAL D/P SNF

Street Address: 44900 N 60TH STREET WEST	**City and State:** LANCASTER CA 93534

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 72	**Type of Ownership:** LOCAL GOVERNMENT	**Survey Date:** 12/18/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 66	**Medicare Residents:** 1	**Medicaid Residents:** 60

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	64	97.0	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	64	97.0	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	64	97.0	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	63	95.5	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	57	86.4	73.0	68.2
Residents on individually written bowel and bladder retraining program.	1	1.5	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	60	90.9	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	65	98.5	58.6	50.8
Residents requiring restraints.	43	65.2	45.3	41.3
Confused or disoriented residents.	60	90.9	60.6	58.4
Residents with bed sores.	13	19.7	8.8	7.1
Residents receiving special skin care.	0	0.0	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
LANCASTER CONVALESCENT HOSPITAL

Street Address: 1642 W AVENUE J		**City and State:** LANCASTER CA 93534	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 99	**Type of Ownership:** PROPRIETARY	**Survey Date:** 04/18/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
97	1	43

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	80	82.5	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	90	92.8	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	76	78.4	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	74	76.3	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	87	89.7	73.0	68.2
Residents on individually written bowel and bladder retraining program.	2	2.1	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	34	35.1	42.9	37.7
Completely bedfast residents.	1	1.0	3.8	3.4
Residents confined to chairs.	45	46.4	58.6	50.8
Residents requiring restraints.	60	61.9	45.3	41.3
Confused or disoriented residents.	73	75.3	60.6	58.4
Residents with bed sores.	4	4.1	8.8	7.1
Residents receiving special skin care.	34	35.1	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MAYFLOWER GARDENS CONVALESCENT HOSP

Street Address: 6705 W AVENUE M	**City and State:** LANCASTER CA 93534

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 48	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 04/05/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 42	**Medicare Residents:** 0	**Medicaid Residents:** 22

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	40	95.2	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	37	88.1	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	34	81.0	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	37	88.1	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	28	66.7	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	17	40.5	42.9	37.7
Completely bedfast residents.	1	2.4	3.8	3.4
Residents confined to chairs.	36	85.7	58.6	50.8
Residents requiring restraints.	27	64.3	45.3	41.3
Confused or disoriented residents.	24	57.1	60.6	58.4
Residents with bed sores.	6	14.3	8.8	7.1
Residents receiving special skin care.	24	57.1	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
PARK IMPERIAL CONVALESCENT CENTER

Street Address: 15100 SOUTH PRAIRIE AVENUE	**City and State:** LAWNDALE CA 90260

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 59	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 02/24/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 52	**Medicare Residents:** 0	**Medicaid Residents:** 40

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	52	100	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	46	88.5	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	45	86.5	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	51	98.1	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	46	88.5	73.0	68.2
Residents on individually written bowel and bladder retraining program.	1	1.9	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	10	19.2	42.9	37.7
Completely bedfast residents.	1	1.9	3.8	3.4
Residents confined to chairs.	23	44.2	58.6	50.8
Residents requiring restraints.	21	40.4	45.3	41.3
Confused or disoriented residents.	22	42.3	60.6	58.4
Residents with bed sores.	3	5.8	8.8	7.1
Residents receiving special skin care.	8	15.4	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
LEMON GROVE CONVALESCENT CENTER

Street Address: 8351 BROADWAY		**City and State:** LEMON GROVE CA 92045	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 165	**Type of Ownership:** PROPRIETARY	**Survey Date:** 02/05/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 159	**Medicare Residents:** 10	**Medicaid Residents:** 138

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	127	79.9	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	156	98.1	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	150	94.3	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	150	94.3	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	149	93.7	73.0	68.2
Residents on individually written bowel and bladder retraining program.	3	1.9	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	106	66.7	42.9	37.7
Completely bedfast residents.	5	3.1	3.8	3.4
Residents confined to chairs.	143	89.9	58.6	50.8
Residents requiring restraints.	144	90.6	45.3	41.3
Confused or disoriented residents.	136	85.5	60.6	58.4
Residents with bed sores.	11	6.9	8.8	7.1
Residents receiving special skin care.	87	54.7	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with ndividuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident s incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
COUNTRY HILLS INTERMEDIATE CARE FAC

Street Address: 2045 SKYLINE DR.	**City and State:** LEMON GROVE, CA 92045

Participation: MEDICAID ICF	**# of Beds:** 252	**Type of Ownership:** PROPRIETARY	**Survey Date:** 04/24/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 202	**Medicare Residents:** 0	**Medicaid Residents:** 0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	49	24.3	57.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	70	34.7	35.6	76.7
Toileting				
Residents requiring some or total assistance in toileting.	22	10.9	12.6	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	54	26.7	14.9	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	17	8.4	13.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	2.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	0	0.0	4.1	29.3
Completely bedfast residents.	0	0.0	0.2	3.6
Residents confined to chairs.	10	5.0	4.2	39.1
Residents requiring restraints.	0	0.0	1.4	31.7
Confused or disoriented residents.	30	14.9	23.8	55.8
Residents with bed sores.	0	0.0	0.5	4.7
Residents receiving special skin care.	0	0.0	10.4	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facili- was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	7	18.9	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	3	8.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	3	8.1	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	2	5.4	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	7	18.9	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	4	10.8	679	12.
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	2	5.4	382	7.
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	6	16.2	807	14.
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	0	0.0	700	12.

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	1	2.7	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	1	2.7	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	3	8.1	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	14	37.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	6	16.2	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	0	0.0	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	6	16.2	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	5	13.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	6	16.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	11	29.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	18	48.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	5.4	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	13	35.1	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
LINCOLN CARE CENTER

Street Address: 1550 THIRD ST	**City and State:** LINCOLN CA 95648

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 97	**Type of Ownership:** PROPRIETARY	**Survey Date:** 07/30/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 2	**Medicare Residents:** 0	**Medicaid Residents:** 0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	2	100	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	2	100	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	2	100	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	2	100	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	2	100	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	2	100	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	2	100	58.6	50.8
Residents requiring restraints.	2	100	45.3	41.3
Confused or disoriented residents.	2	100	60.6	58.4
Residents with bed sores.	1	50.0	8.8	7.1
Residents receiving special skin care.	2	100	29.7	31.2

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
he facility ensures that its written procedures regarding the rights and esponsibilities of residents are followed.	MET	27	2.2	201	2.1
he facility uses a system that assures full and complete accounting of residents' ersonal funds. An accounting report is made to each resident in a skilled nursing icility every three months.	MET	147	12.2	518	5.5
ach resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
rugs to control behavior and physical restraints are only used when authorized by a hysician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
ach resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
ach resident is allowed to communicate, associate and meet privately with dividuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
ach resident is allowed to retain and use his/her personal possessions and clothing s space permits.	MET	120	10.0	205	2.2
xcept in a medical emergency, a resident is not transferred or discharged, nor is eatment changed radically, without consultation with the resident or, if the resident incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
ne facility ensures that the health care of each resident is under the continuing ipervision of a physician.	MET	12	1.0	145	1.5
nergency services from a physician are available and provided to each resident ho requires emergency care.	MET	16	1.3	49	0.5
ursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
ach resident receives daily personal hygiene as needed to assure cleanliness, good in care, good grooming, and oral hygiene taking into account individual eferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
ich resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
ich resident with a bed sore receives care necessary to promote the healing of the d sore including proper dressing.	MET	215	17.9	1052	11.1
ich resident who has problems with bowel and bladder control is provided with re necessary to encourage self control, including frequent toileting and portunities for rehabilitative training.	MET	257	21.4	1512	16.0
ich resident with a urinary catheter receives proper routine care, including periodic aluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
LINDSAY DISTRICT HOSPITAL - SNF

Street Address: CITY PARK	**City and State:** LINDSAY CA 93247

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 51	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 12/04/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 51	**Medicare Residents:** 0	**Medicaid Residents:** 43

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	45	88.2	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	42	82.4	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	37	72.5	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	36	70.6	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	45	88.2	73.0	68.2
Residents on individually written bowel and bladder retraining program.	1	2.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	16	31.4	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	31	60.8	58.6	50.8
Residents requiring restraints.	0	0.0	45.3	41.3
Confused or disoriented residents.	31	60.8	60.6	58.4
Residents with bed sores.	3	5.9	8.8	7.1
Residents receiving special skin care.	24	47.1	29.7	31.2

SELECTED PERFORMANCE INDICATORS

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Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
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ach resident receives rehabilitative nursing care to promote maximum physical unctioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
ach resident needing assistance in eating or drinking is provided prompt assistance. pecific self-help devices are available when necessary.	NOT MET	352	29.3	1662	17.6
rugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
enus are planned and followed to meet the nutritional needs of each resident in ccordance with physicians' orders, and to the extent medically possible, based on he recommended dietary allowances of the Food and Nutrition Board of the ational Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
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ppropriate staff develop and implement a written health care plan for each resident ccording to the instructions of the attending physician.	MET	288	24.0	1270	13.4
oilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
l common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
l essential mechanical and electrical equipment is maintained in safe operating ondition.	MET	298	24.8	1413	14.9
esident care equipment is clean and maintained in safe operating condition.	NOT MET	262	21.8	1408	14.9
olation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
he facility has available at all times a quantity of linen essential for proper care and mfort of residents.	MET	238	19.8	700	7.4
od is stored, refrigerated, prepared, distributed, and served under sanitary nditions.	NOT MET	536	44.6	4050	42.8

minder: The results of the full survey are available m the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HACIENDA CONV HOSP

Street Address: 76 FENTON ST	**City and State:** LIVERMORE CA 94550

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 83	**Type of Ownership:** PROPRIETARY	**Survey Date:** 05/18/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 81	**Medicare Residents:** 2	**Medicaid Residents:** 29

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	68	84.0	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	74	91.4	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	71	87.7	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	65	80.2	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	65	80.2	73.0	68.2
Residents on individually written bowel and bladder retraining program.	20	24.7	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	33	40.7	42.9	37.7
Completely bedfast residents.	4	4.9	3.8	3.4
Residents confined to chairs.	66	81.5	58.6	50.8
Residents requiring restraints.	49	60.5	45.3	41.3
Confused or disoriented residents.	62	76.5	60.6	58.4
Residents with bed sores.	4	4.9	8.8	7.1
Residents receiving special skin care.	59	72.8	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
LIVERMORE MANOR CONVALESCENT HOSP

Street Address: 788 HOLMES ST	**City and State:** LIVERMORE CA 94550

Participation: MEDICAID SNF	**# of Beds:** 37	**Type of Ownership:** PROPRIETARY	**Survey Date:** 03/19/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 35	**Medicare Residents:** 0	**Medicaid Residents:** 23

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	35	100	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	33	94.3	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	29	82.9	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	25	71.4	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	20	57.1	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	7	20.0	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	20	57.1	58.6	50.8
Residents requiring restraints.	20	57.1	45.3	41.3
Confused or disoriented residents.	18	51.4	60.6	58.4
Residents with bed sores.	0	0.0	8.8	7.1
Residents receiving special skin care.	8	22.9	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
GRACE NURSING HOME INC

Street Address: 13435 W PEACH AVE	**City and State:** LIVINGSTON CA 95334

Participation: MEDICAID SNF	**# of Beds:** 33	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 01/12/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 32	**Medicare Residents:** 0	**Medicaid Residents:** 0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	22	68.8	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	26	81.3	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	24	75.0	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	22	68.8	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	31	96.9	73.0	68.2
Residents on individually written bowel and bladder retraining program.	1	3.1	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	13	40.6	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	26	81.3	58.6	50.8
Residents requiring restraints.	3	9.4	45.3	41.3
Confused or disoriented residents.	6	18.8	60.6	58.4
Residents with bed sores.	0	0.0	8.8	7.1
Residents receiving special skin care.	9	28.1	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ARBOR CONV HOSP

Street Address: 900 NORTH CHURCH ST	**City and State:** LODI CA 95240

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 152	**Type of Ownership:** PROPRIETARY	**Survey Date:** 04/08/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 142	**Medicare Residents:** 3	**Medicaid Residents:** 87

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	135	95.1	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	129	90.8	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	129	90.8	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	140	98.6	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	122	85.9	73.0	68.2
Residents on individually written bowel and bladder retraining program.	1	0.7	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	46	32.4	42.9	37.7
Completely bedfast residents.	3	2.1	3.8	3.4
Residents confined to chairs.	103	72.5	58.6	50.8
Residents requiring restraints.	74	52.1	45.3	41.3
Confused or disoriented residents.	111	78.2	60.6	58.4
Residents with bed sores.	18	12.7	8.8	7.1
Residents receiving special skin care.	73	51.4	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CRESCENT COURT NURSING HOME

Street Address: 610 SOUTH FAIRMONT AVE	**City and State:** LODI CA 95240

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 28	**Type of Ownership:** PROPRIETARY	**Survey Date:** 02/19/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 25	**Medicare Residents:** 0	**Medicaid Residents:** 17

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	21	84.0	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	22	88.0	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	21	84.0	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	25	100	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	21	84.0	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	17	68.0	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	19	76.0	58.6	50.8
Residents requiring restraints.	19	76.0	45.3	41.3
Confused or disoriented residents.	17	68.0	60.6	58.4
Residents with bed sores.	6	24.0	8.8	7.1
Residents receiving special skin care.	12	48.0	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
DELTA CONVALESCENT HOSPITAL

Street Address: 1334 SOUTH HAM LANE		**City and State:** LODI CA 95240	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 74	**Type of Ownership:** PROPRIETARY	**Survey Date:** 08/01/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
1	0	0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	1	100	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	1	100	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	1	100	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	1	100	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	1	100	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	1	100	42.9	37.7
Completely bedfast residents.	1	100	3.8	3.4
Residents confined to chairs.	0	0.0	58.6	50.8
Residents requiring restraints.	0	0.0	45.3	41.3
Confused or disoriented residents.	1	100	60.6	58.4
Residents with bed sores.	0	0.0	8.8	7.1
Residents receiving special skin care.	0	0.0	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
FAIRMONT REHABILITATION HOSPITAL

Street Address: 950 SOUTH FAIRMONT AVENUE		**City and State:** LODI CA 95240	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 59	**Type of Ownership:** PROPRIETARY	**Survey Date:** 09/17/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 57	**Medicare Residents:** 0	**Medicaid Residents:** 27

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	56	98.2	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	56	98.2	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	52	91.2	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	50	87.7	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	49	86.0	73.0	68.2
Residents on individually written bowel and bladder retraining program.	1	1.8	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	17	29.8	42.9	37.7
Completely bedfast residents.	2	3.5	3.8	3.4
Residents confined to chairs.	43	75.4	58.6	50.8
Residents requiring restraints.	52	91.2	45.3	41.3
Confused or disoriented residents.	35	61.4	60.6	58.4
Residents with bed sores.	9	15.8	8.8	7.1
Residents receiving special skin care.	16	28.1	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
GROSS CONVALESCENT HOSPITAL

Street Address: 321 W TURNER ROAD		**City and State:** LODI CA 95240	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 90	**Type of Ownership:** PROPRIETARY	**Survey Date:** 08/27/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
3	1	1

aution: A large number of residents with these characteristics does not indicate whether those esidents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide ighly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
athing Residents requiring some or total assistance in bathing.	3	100	83.8	81.5
ressing Residents requiring some or total assistance in dressing.	3	100	87.4	83.2
oileting Residents requiring some or total assistance in toileting.	3	100	80.6	73.8
ransferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	3	100	79.4	77.2
ontinence Residents with catheters or partial or total loss of bowel or bladder control.	3	100	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
ating Residents receiving tube feedings or requiring assistance with eating.	3	100	42.9	37.7
ompletely bedfast residents.	3	100	3.8	3.4
esidents confined to chairs.	0	0.0	58.6	50.8
esidents requiring restraints.	0	0.0	45.3	41.3
onfused or disoriented residents.	3	100	60.6	58.4
esidents with bed sores.	0	0.0	8.8	7.1
esidents receiving special skin care.	0	0.0	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
VIENNA CONV HOSP

Street Address: 800 S HAM LANE		**City and State:** LODI CA 95240	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 150	**Type of Ownership:** PROPRIETARY	**Survey Date:** 08/21/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
147	1	89

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	145	98.6	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	141	95.9	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	130	88.4	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	127	86.4	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	114	77.6	73.0	68.2
Residents on individually written bowel and bladder retraining program.	4	2.7	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	67	45.6	42.9	37.7
Completely bedfast residents.	3	2.0	3.8	3.4
Residents confined to chairs.	101	68.7	58.6	50.8
Residents requiring restraints.	86	58.5	45.3	41.3
Confused or disoriented residents.	82	55.8	60.6	58.4
Residents with bed sores.	10	6.8	8.8	7.1
Residents receiving special skin care.	32	21.8	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with ndividuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident s incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the ed sore including proper dressing.	MET	215	17.9	1052	11.1
ach resident who has problems with bowel and bladder control is provided with are necessary to encourage self control, including frequent toileting and pportunities for rehabilitative training.	NOT MET	257	21.4	1512	16.0
ach resident with a urinary catheter receives proper routine care, including periodic valuation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
VISTA RAY CONV HOSP NO 1

Street Address: 1120 SYLVIA DRIVE		**City and State:** LODI CA 95240	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 155	**Type of Ownership:** PROPRIETARY	**Survey Date:** 09/22/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 1	**Medicare Residents:** 0	**Medicaid Residents:** 0

Caution: A large number of residents with these characteristics does not indicate whether those esidents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	1	100	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	1	100	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	1	100	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	1	100	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	1	100	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
ating Residents receiving tube feedings or requiring assistance with eating.	1	100	42.9	37.7
ompletely bedfast residents.	1	100	3.8	3.4
esidents confined to chairs.	0	0.0	58.6	50.8
esidents requiring restraints.	0	0.0	45.3	41.3
onfused or disoriented residents.	1	100	60.6	58.4
esidents with bed sores.	0	0.0	8.8	7.1
esidents receiving special skin care.	0	0.0	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE HERITAGE GARDENS

Street Address: 25271 BARTON RD		**City and State:** LOMA LINDA CA 92354	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 103	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/26/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 102	**Medicare Residents:** 4	**Medicaid Residents:** 85

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	86	84.3	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	96	94.1	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	89	87.3	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	90	88.2	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	77	75.5	73.0	68.2
Residents on individually written bowel and bladder retraining program.	1	1.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	42	41.2	42.9	37.7
Completely bedfast residents.	6	5.9	3.8	3.4
Residents confined to chairs.	78	76.5	58.6	50.8
Residents requiring restraints.	63	61.8	45.3	41.3
Confused or disoriented residents.	79	77.5	60.6	58.4
Residents with bed sores.	5	4.9	8.8	7.1
Residents receiving special skin care.	16	15.7	29.7	31.2

SELECTED PERFORMANCE INDICATORS

Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a lan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of eficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility as deficient in the indicated area at the time of the survey.

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		STATE		NATION	
		#	%	#	%
he facility ensures that its written procedures regarding the rights and esponsibilities of residents are followed.	MET	27	2.2	201	2.1
he facility uses a system that assures full and complete accounting of residents' ersonal funds. An accounting report is made to each resident in a skilled nursing acility every three months.	MET	147	12.2	518	5.5
ach resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
rugs to control behavior and physical restraints are only used when authorized by a hysician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
ach resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
ach resident is allowed to communicate, associate and meet privately with dividuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
ach resident is allowed to retain and use his/her personal possessions and clothing s space permits.	MET	120	10.0	205	2.2
xcept in a medical emergency, a resident is not transferred or discharged, nor is eatment changed radically, without consultation with the resident or, if the resident incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
e facility ensures that the health care of each resident is under the continuing pervision of a physician.	MET	12	1.0	145	1.5
mergency services from a physician are available and provided to each resident ho requires emergency care.	MET	16	1.3	49	0.5
rsing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
ch resident receives daily personal hygiene as needed to assure cleanliness, good in care, good grooming, and oral hygiene taking into account individual eferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
ch resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
ch resident with a bed sore receives care necessary to promote the healing of the d sore including proper dressing.	MET	215	17.9	1052	11.1
ch resident who has problems with bowel and bladder control is provided with re necessary to encourage self control, including frequent toileting and portunities for rehabilitative training.	NOT MET	257	21.4	1512	16.0
ch resident with a urinary catheter receives proper routine care, including periodic aluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
LINDA VALLEY CONVALESCENT HOSPITAL

Street Address: 25383 COLE STREET		**City and State:** LOMA LINDA CA 92354	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 83	**Type of Ownership:** PROPRIETARY	**Survey Date:** 03/30/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
77	2	30

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	75	97.4	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	73	94.8	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	65	84.4	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	64	83.1	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	63	81.8	73.0	68.2
Residents on individually written bowel and bladder retraining program.	4	5.2	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	36	46.8	42.9	37.7
Completely bedfast residents.	5	6.5	3.8	3.4
Residents confined to chairs.	57	74.0	58.6	50.8
Residents requiring restraints.	39	50.6	45.3	41.3
Confused or disoriented residents.	41	53.2	60.6	58.4
Residents with bed sores.	7	9.1	8.8	7.1
Residents receiving special skin care.	25	32.5	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
solation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
rom the State survey agency or the State ombudsman.

NURSING HOME PROFILE
LOMA LINDA MANOR

Street Address: 11406 LOMA LINDA DR		**City and State:** LOMA LINDA CA 92354	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 99	**Type of Ownership:** PROPRIETARY	**Survey Date:** 02/26/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
2	0	2

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	1	50.0	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	2	100	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	2	100	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	2	100	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	1	50.0	73.0	68.2
Residents on individually written bowel and bladder retraining program.	1	50.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	0	0.0	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	1	50.0	58.6	50.8
Residents requiring restraints.	1	50.0	45.3	41.3
Confused or disoriented residents.	1	50.0	60.6	58.4
Residents with bed sores.	0	0.0	8.8	7.1
Residents receiving special skin care.	0	0.0	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
LOMITA GOLDEN AGE CONVALESCENT HOME

Street Address: 1955 W LOMITA BOULEVARD	**City and State:** LOMITA CA 90717

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 71	**Type of Ownership:** PROPRIETARY	**Survey Date:** 09/22/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 65	**Medicare Residents:** 0	**Medicaid Residents:** 0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	65	100	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	56	86.2	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	56	86.2	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	53	81.5	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	53	81.5	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	26	40.0	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	52	80.0	58.6	50.8
Residents requiring restraints.	40	61.5	45.3	41.3
Confused or disoriented residents.	10	15.4	60.6	58.4
Residents with bed sores.	8	12.3	8.8	7.1
Residents receiving special skin care.	23	35.4	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
PENINSULA REHABILITATION CENTER

Street Address: 26303 SOUTH WESTERN AVENUE	**City and State:** LOMITA CA 90717

Participation: MEDICARE SNF	**# of Beds:** 48	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 02/24/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 32	**Medicare Residents:** 13	**Medicaid Residents:** 0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	18	56.3	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	32	100	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	31	96.9	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	32	100	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	24	75.0	73.0	68.2
Residents on individually written bowel and bladder retraining program.	5	15.6	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	23	71.9	42.9	37.7
Completely bedfast residents.	5	15.6	3.8	3.4
Residents confined to chairs.	26	81.3	58.6	50.8
Residents requiring restraints.	19	59.4	45.3	41.3
Confused or disoriented residents.	15	46.9	60.6	58.4
Residents with bed sores.	4	12.5	8.8	7.1
Residents receiving special skin care.	20	62.5	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
LOMPOC HOSP DIST CONV CARE CENTER

Street Address: 216 NORTH THIRD ST	**City and State:** LOMPOC CA 93436

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 110	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 11/06/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 110	**Medicare Residents:** 0	**Medicaid Residents:** 88

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	104	94.5	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	102	92.7	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	80	72.7	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	78	70.9	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	78	70.9	73.0	68.2
Residents on individually written bowel and bladder retraining program.	6	5.5	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	51	46.4	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	46	41.8	58.6	50.8
Residents requiring restraints.	42	38.2	45.3	41.3
Confused or disoriented residents.	62	56.4	60.6	58.4
Residents with bed sores.	3	2.7	8.8	7.1
Residents receiving special skin care.	47	42.7	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
LONE PINE CONVALESCENT HOSPITAL

Street Address: 103 PANGBURN AVE		**City and State:** LONE PINE CA 93545	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 51	**Type of Ownership:** PROPRIETARY	**Survey Date:** 05/01/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
44	1	43

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	39	88.6	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	43	97.7	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	28	63.6	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	28	63.6	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	22	50.0	73.0	68.2
Residents on individually written bowel and bladder retraining program.	28	63.6	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	44	100	42.9	37.7
Completely bedfast residents.	20	45.5	3.8	3.4
Residents confined to chairs.	26	59.1	58.6	50.8
Residents requiring restraints.	31	70.5	45.3	41.3
Confused or disoriented residents.	3	6.8	60.6	58.4
Residents with bed sores.	1	2.3	8.8	7.1
Residents receiving special skin care.	0	0.0	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
AKIN'S CONVALESCENT HOSPITAL

Street Address: 2750 ATLANTIC AVENUE	**City and State:** LONG BEACH CA 90806

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 109	**Type of Ownership:** PROPRIETARY	**Survey Date:** 09/28/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 103	**Medicare Residents:** 0	**Medicaid Residents:** 50

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	102	99.0	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	90	87.4	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	90	87.4	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	89	86.4	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	75	72.8	73.0	68.2
Residents on individually written bowel and bladder retraining program.	1	1.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	69	67.0	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	39	37.9	58.6	50.8
Residents requiring restraints.	72	69.9	45.3	41.3
Confused or disoriented residents.	78	75.7	60.6	58.4
Residents with bed sores.	1	1.0	8.8	7.1
Residents receiving special skin care.	1	1.0	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging n normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
solation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
he facility has available at all times a quantity of linen essential for proper care and omfort of residents.	MET	238	19.8	700	7.4
ood is stored, refrigerated, prepared, distributed, and served under sanitary onditions.	MET	536	44.6	4050	42.8

eminder: The results of the full survey are available
om the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ALAMITOS BELMONT REHABILITATION HOSP

Street Address: 3901 E 4TH STREET		**City and State:** LONG BEACH CA 90814	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 97	**Type of Ownership:** PROPRIETARY	**Survey Date:** 09/16/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 75	**Medicare Residents:** 44	**Medicaid Residents:** 17

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	40	53.3	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	60	80.0	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	60	80.0	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	60	80.0	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	36	48.0	73.0	68.2
Residents on individually written bowel and bladder retraining program.	3	4.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	57	76.0	42.9	37.7
Completely bedfast residents.	5	6.7	3.8	3.4
Residents confined to chairs.	3	4.0	58.6	50.8
Residents requiring restraints.	0	0.0	45.3	41.3
Confused or disoriented residents.	12	16.0	60.6	58.4
Residents with bed sores.	8	10.7	8.8	7.1
Residents receiving special skin care.	6	8.0	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BAY CONVALESCENT HOSPITAL

Street Address: 5901 DOWNEY AVENUE	**City and State:** LONG BEACH CA 90805

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 70	**Type of Ownership:** PROPRIETARY	**Survey Date:** 04/26/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 63	**Medicare Residents:** 0	**Medicaid Residents:** 63

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	62	98.4	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	58	92.1	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	57	90.5	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	57	90.5	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	39	61.9	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	26	41.3	42.9	37.7
Completely bedfast residents.	1	1.6	3.8	3.4
Residents confined to chairs.	52	82.5	58.6	50.8
Residents requiring restraints.	28	44.4	45.3	41.3
Confused or disoriented residents.	47	74.6	60.6	58.4
Residents with bed sores.	3	4.8	8.8	7.1
Residents receiving special skin care.	3	4.8	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	NOT MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
solation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
om the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BIXBY KNOLLS CONVALESCENT HOSPITAL

Street Address: 3747 ATLANTIC AVENUE		**City and State:** LONG BEACH CA 90807	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 99	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 01/25/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 86	**Medicare Residents:** 3	**Medicaid Residents:** 16

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	85	98.8	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	81	94.2	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	74	86.0	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	76	88.4	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	76	88.4	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	53	61.6	42.9	37.7
Completely bedfast residents.	10	11.6	3.8	3.4
Residents confined to chairs.	40	46.5	58.6	50.8
Residents requiring restraints.	28	32.6	45.3	41.3
Confused or disoriented residents.	15	17.4	60.6	58.4
Residents with bed sores.	12	14.0	8.8	7.1
Residents receiving special skin care.	18	20.9	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CANDLEWOOD CARE CENTER

Street Address: 260 MARKET ST	**City and State:** LONG BEACH CA 90805

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 112	**Type of Ownership:** PROPRIETARY	**Survey Date:** 02/16/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 94	**Medicare Residents:** 2	**Medicaid Residents:** 90

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	92	97.9	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	83	88.3	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	74	78.7	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	60	63.8	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	64	68.1	73.0	68.2
Residents on individually written bowel and bladder retraining program.	2	2.1	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	61	64.9	42.9	37.7
Completely bedfast residents.	3	3.2	3.8	3.4
Residents confined to chairs.	72	76.6	58.6	50.8
Residents requiring restraints.	60	63.8	45.3	41.3
Confused or disoriented residents.	68	72.3	60.6	58.4
Residents with bed sores.	11	11.7	8.8	7.1
Residents receiving special skin care.	47	50.0	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CATERED MANOR

Street Address: 4010 VIRGINIA ROAD	**City and State:** LONG BEACH CA 90807

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 83	**Type of Ownership:** PROPRIETARY	**Survey Date:** 03/01/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 79	**Medicare Residents:** 3	**Medicaid Residents:** 61

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	70	88.6	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	72	91.1	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	70	88.6	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	70	88.6	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	70	88.6	73.0	68.2
Residents on individually written bowel and bladder retraining program.	2	2.5	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	47	59.5	42.9	37.7
Completely bedfast residents.	2	2.5	3.8	3.4
Residents confined to chairs.	62	78.5	58.6	50.8
Residents requiring restraints.	55	69.6	45.3	41.3
Confused or disoriented residents.	70	88.6	60.6	58.4
Residents with bed sores.	9	11.4	8.8	7.1
Residents receiving special skin care.	0	0.0	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	NOT MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CENTRALIA CONVALESCENT CENTER

Street Address: 5401 CENTRALIA STREET	**City and State:** LONG BEACH CA 90808

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 194	**Type of Ownership:** PROPRIETARY	**Survey Date:** 05/17/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 165	**Medicare Residents:** 6	**Medicaid Residents:** 79

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	139	84.2	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	121	73.3	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	124	75.2	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	143	86.7	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	126	76.4	73.0	68.2
Residents on individually written bowel and bladder retraining program.	1	0.6	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	63	38.2	42.9	37.7
Completely bedfast residents.	1	0.6	3.8	3.4
Residents confined to chairs.	77	46.7	58.6	50.8
Residents requiring restraints.	76	46.1	45.3	41.3
Confused or disoriented residents.	116	70.3	60.6	58.4
Residents with bed sores.	17	10.3	8.8	7.1
Residents receiving special skin care.	47	28.5	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
COLONIAL MANOR CONVALESCENT HOSPITAL

Street Address: 1913 E 5TH STREET		**City and State:** LONG BEACH CA 90812	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 181	**Type of Ownership:** PROPRIETARY	**Survey Date:** 12/19/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 127	**Medicare Residents:** 11	**Medicaid Residents:** 57

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	119	93.7	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	107	84.3	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	102	80.3	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	104	81.9	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	97	76.4	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	55	43.3	42.9	37.7
Completely bedfast residents.	2	1.6	3.8	3.4
Residents confined to chairs.	68	53.5	58.6	50.8
Residents requiring restraints.	70	55.1	45.3	41.3
Confused or disoriented residents.	78	61.4	60.6	58.4
Residents with bed sores.	11	8.7	8.8	7.1
Residents receiving special skin care.	80	63.0	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	NOT MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	NOT MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
COLUMBIA CONVALESCENT HOME

Street Address: 521 E COLUMBIA STREET		**City and State:** LONG BEACH CA 90806	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 48	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/13/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 46	**Medicare Residents:** 0	**Medicaid Residents:** 39

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	46	100	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	43	93.5	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	46	100	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	46	100	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	39	84.8	73.0	68.2
Residents on individually written bowel and bladder retraining program.	1	2.2	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	14	30.4	42.9	37.7
Completely bedfast residents.	1	2.2	3.8	3.4
Residents confined to chairs.	44	95.7	58.6	50.8
Residents requiring restraints.	46	100	45.3	41.3
Confused or disoriented residents.	20	43.5	60.6	58.4
Residents with bed sores.	2	4.3	8.8	7.1
Residents receiving special skin care.	46	100	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
EASTWOOD CONVALESCENT HOSPITAL

Street Address: 4029 E ANAHEIM STREET	**City and State:** LONG BEACH CA 90804

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 75	**Type of Ownership:** PROPRIETARY	**Survey Date:** 04/05/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 70	**Medicare Residents:** 2	**Medicaid Residents:** 36

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	62	88.6	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	64	91.4	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	55	78.6	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	58	82.9	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	43	61.4	73.0	68.2
Residents on individually written bowel and bladder retraining program.	1	1.4	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	30	42.9	42.9	37.7
Completely bedfast residents.	3	4.3	3.8	3.4
Residents confined to chairs.	28	40.0	58.6	50.8
Residents requiring restraints.	36	51.4	45.3	41.3
Confused or disoriented residents.	38	54.3	60.6	58.4
Residents with bed sores.	7	10.0	8.8	7.1
Residents receiving special skin care.	10	14.3	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
EDGEWATER CONVALESCENT HOSPITAL

Street Address: 2625 E 4TH STREET		**City and State:** LONG BEACH CA 90814	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 81	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 02/01/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
80	1	45

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	79	98.7	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	77	96.2	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	70	87.5	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	70	87.5	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	64	80.0	73.0	68.2
Residents on individually written bowel and bladder retraining program.	3	3.7	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	20	25.0	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	26	32.5	58.6	50.8
Residents requiring restraints.	20	25.0	45.3	41.3
Confused or disoriented residents.	37	46.2	60.6	58.4
Residents with bed sores.	4	5.0	8.8	7.1
Residents receiving special skin care.	30	37.5	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
EMPRESS CONVALESCENT CENTER

Street Address: 1020 TERMINO AVENUE	**City and State:** LONG BEACH CA 90804

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 133	**Type of Ownership:** PROPRIETARY	**Survey Date:** 03/16/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
121	0	45

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	102	84.3	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	116	95.9	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	111	91.7	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	101	83.5	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	91	75.2	73.0	68.2
Residents on individually written bowel and bladder retraining program.	3	2.5	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	48	39.7	42.9	37.7
Completely bedfast residents.	2	1.7	3.8	3.4
Residents confined to chairs.	30	24.8	58.6	50.8
Residents requiring restraints.	32	26.4	45.3	41.3
Confused or disoriented residents.	45	37.2	60.6	58.4
Residents with bed sores.	9	7.4	8.8	7.1
Residents receiving special skin care.	24	19.8	29.7	31.2

SELECTED PERFORMANCE INDICATORS

'Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a lan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a acility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and esponsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' ersonal funds. An accounting report is made to each resident in a skilled nursing acility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with ndividuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is reatment changed radically, without consultation with the resident or, if the resident s incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
he facility ensures that the health care of each resident is under the continuing upervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
ach resident receives daily personal hygiene as needed to assure cleanliness, good kin care, good grooming, and oral hygiene taking into account individual references. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
ach resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
ach resident with a bed sore receives care necessary to promote the healing of the ed sore including proper dressing.	MET	215	17.9	1052	11.1
ach resident who has problems with bowel and bladder control is provided with are necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
ach resident with a urinary catheter receives proper routine care, including periodic valuation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
GRAND AVENUE CONVALESCENT HOSPITAL

Street Address: 1730 GRAND AVE	**City and State:** LONG BEACH CA 90804

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 117	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 10/28/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 103	**Medicare Residents:** 1	**Medicaid Residents:** 90

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	90	87.4	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	89	86.4	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	90	87.4	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	75	72.8	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	91	88.3	73.0	68.2
Residents on individually written bowel and bladder retraining program.	2	1.9	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	47	45.6	42.9	37.7
Completely bedfast residents.	2	1.9	3.8	3.4
Residents confined to chairs.	75	72.8	58.6	50.8
Residents requiring restraints.	0	0.0	45.3	41.3
Confused or disoriented residents.	72	69.9	60.6	58.4
Residents with bed sores.	6	5.8	8.8	7.1
Residents receiving special skin care.	55	53.4	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HACIENDA CONVALESCENT HOSPITAL

Street Address:	**City and State:**
2725 E BROADWAY	LONG BEACH CA 90803

Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF	98	PROPRIETARY	10/31/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
89	2	27

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	89	100	83.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	89	100	87.4	83.2
Toileting				
Residents requiring some or total assistance in toileting.	82	92.1	80.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	82	92.1	79.4	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	84	94.4	73.0	68.2
Residents on individually written bowel and bladder retraining program.	1	1.1	2.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	38	42.7	42.9	37.7
Completely bedfast residents.	5	5.6	3.8	3.4
Residents confined to chairs.	66	74.2	58.6	50.8
Residents requiring restraints.	43	48.3	45.3	41.3
Confused or disoriented residents.	71	79.8	60.6	58.4
Residents with bed sores.	6	6.7	8.8	7.1
Residents receiving special skin care.	4	4.5	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	288	24.0	1270	13.
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	237	19.7	1216	12.
All common resident areas are clean, sanitary and free of odors.	NOT MET	152	12.7	1041	11.
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HILLCREST CONVALESCENT HOSPITAL

Street Address: 3401 CEDAR AVENUE		**City and State:** LONG BEACH CA 90807	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 154	**Type of Ownership:** PROPRIETARY	**Survey Date:** 12/21/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
148	0	115

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	111	75.0	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	127	85.8	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	102	68.9	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	104	70.3	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	102	68.9	73.0	68.2
Residents on individually written bowel and bladder retraining program.	3	2.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	88	59.5	42.9	37.7
Completely bedfast residents.	9	6.1	3.8	3.4
Residents confined to chairs.	81	54.7	58.6	50.8
Residents requiring restraints.	32	21.6	45.3	41.3
Confused or disoriented residents.	45	30.4	60.6	58.4
Residents with bed sores.	3	2.0	8.8	7.1
Residents receiving special skin care.	19	12.8	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the acility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging n normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating ondition.	MET	298	24.8	1413	14.9
esident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
olation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
he facility has available at all times a quantity of linen essential for proper care and omfort of residents.	MET	238	19.8	700	7.4
ood is stored, refrigerated, prepared, distributed, and served under sanitary onditions.	NOT MET	536	44.6	4050	42.8

eminder: The results of the full survey are available
m the State survey agency or the State ombudsman.

NURSING HOME PROFILE
INTERCOMMUNITY SANITARIUM

Street Address: 2626 GRAND AVE	**City and State:** LONG BEACH CA 90815

Participation: MEDICAID SNF	**# of Beds:** 147	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 10/09/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 142	**Medicare Residents:** 0	**Medicaid Residents:** 96

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	127	89.4	83.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	142	100	87.4	83.2
Toileting				
Residents requiring some or total assistance in toileting.	92	64.8	80.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	87	61.3	79.4	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	55	38.7	73.0	68.2
Residents on individually written bowel and bladder retraining program.	2	1.4	2.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	33	23.2	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	39	27.5	58.6	50.8
Residents requiring restraints.	0	0.0	45.3	41.3
Confused or disoriented residents.	140	98.6	60.6	58.4
Residents with bed sores.	0	0.0	8.8	7.1
Residents receiving special skin care.	0	0.0	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MARLORA MANOR CONVALESCENT HOSPITAL

Street Address: 3801 E ANAHEIM STREET	**City and State:** LONG BEACH CA 90804

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 99	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/15/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 97	**Medicare Residents:** 0	**Medicaid Residents:** 75

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	49	50.5	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	90	92.8	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	83	85.6	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	80	82.5	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	69	71.1	73.0	68.2
Residents on individually written bowel and bladder retraining program.	10	10.3	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	42	43.3	42.9	37.7
Completely bedfast residents.	1	1.0	3.8	3.4
Residents confined to chairs.	50	51.5	58.6	50.8
Residents requiring restraints.	79	81.4	45.3	41.3
Confused or disoriented residents.	90	92.8	60.6	58.4
Residents with bed sores.	16	16.5	8.8	7.1
Residents receiving special skin care.	80	82.5	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MEMORIAL MED. CTR OF LONG BEACH

Street Address: 2801 ATLANTIC AVE		**City and State:** LONG BEACH CA 90806	
Participation: MEDICARE SNF	**# of Beds:** 42	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 08/31/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 40	**Medicare Residents:** 35	**Medicaid Residents:** 0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	20	50.0	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	35	87.5	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	25	62.5	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	25	62.5	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	22	55.0	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	38	95.0	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	0	0.0	58.6	50.8
Residents requiring restraints.	0	0.0	45.3	41.3
Confused or disoriented residents.	0	0.0	60.6	58.4
Residents with bed sores.	0	0.0	8.8	7.1
Residents receiving special skin care.	1	2.5	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
PACIFIC HOSPITAL OF LONG BEACH

Street Address: 2776 PACIFIC AVE	**City and State:** LONG BEACH CA 90806

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 20	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 03/16/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 11	**Medicare Residents:** 5	**Medicaid Residents:** 1

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	5	45.5	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	9	81.8	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	7	63.6	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	8	72.7	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	7	63.6	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	3	27.3	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	3	27.3	58.6	50.8
Residents requiring restraints.	1	9.1	45.3	41.3
Confused or disoriented residents.	1	9.1	60.6	58.4
Residents with bed sores.	2	18.2	8.8	7.1
Residents receiving special skin care.	5	45.5	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
PALMCREST MEDALLION CONVALESCENT HOSP

Street Address: 3355 PACIFIC PLACE	**City and State:** LONG BEACH CA 90806

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 99	**Type of Ownership:** PROPRIETARY	**Survey Date:** 04/07/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 97	**Medicare Residents:** 5	**Medicaid Residents:** 13

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	91	93.8	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	86	88.7	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	78	80.4	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	82	84.5	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	65	67.0	73.0	68.2
Residents on individually written bowel and bladder retraining program.	3	3.1	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	36	37.1	42.9	37.7
Completely bedfast residents.	9	9.3	3.8	3.4
Residents confined to chairs.	66	68.0	58.6	50.8
Residents requiring restraints.	42	43.3	45.3	41.3
Confused or disoriented residents.	42	43.3	60.6	58.4
Residents with bed sores.	4	4.1	8.8	7.1
Residents receiving special skin care.	6	6.2	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
PALMCREST NORTH CONVALESCENT HOSPITAL

Street Address: 3501 CEDAR AVENUE		**City and State:** LONG BEACH CA 90807	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 99	**Type of Ownership:** PROPRIETARY	**Survey Date:** 01/20/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 97	**Medicare Residents:** 30	**Medicaid Residents:** 30

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	94	96.9	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	95	97.9	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	85	87.6	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	77	79.4	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	82	84.5	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	41	42.3	42.9	37.7
Completely bedfast residents.	4	4.1	3.8	3.4
Residents confined to chairs.	51	52.6	58.6	50.8
Residents requiring restraints.	40	41.2	45.3	41.3
Confused or disoriented residents.	49	50.5	60.6	58.4
Residents with bed sores.	6	6.2	8.8	7.1
Residents receiving special skin care.	26	26.8	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
REGENCY OAKS SKILLED NURSING FACILITY

Street Address: 3850 E ESTHER STREET		**City and State:** LONG BEACH CA 90804	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 102	**Type of Ownership:** PROPRIETARY	**Survey Date:** 06/14/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 93	**Medicare Residents:** 2	**Medicaid Residents:** 46

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	66	71.0	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	81	87.1	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	82	88.2	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	81	87.1	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	79	84.9	73.0	68.2
Residents on individually written bowel and bladder retraining program.	1	1.1	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	46	49.5	42.9	37.7
Completely bedfast residents.	2	2.2	3.8	3.4
Residents confined to chairs.	45	48.4	58.6	50.8
Residents requiring restraints.	45	48.4	45.3	41.3
Confused or disoriented residents.	63	67.7	60.6	58.4
Residents with bed sores.	12	12.9	8.8	7.1
Residents receiving special skin care.	33	35.5	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ROYAL CARE SKILLED NURSING FACILITY

Street Address: 2725 PACIFIC AVENUE		**City and State:** LONG BEACH CA 90806	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 98	**Type of Ownership:** PROPRIETARY	**Survey Date:** 04/25/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
96	4	70

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	93	96.9	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	86	89.6	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	70	72.9	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	73	76.0	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	62	64.6	73.0	68.2
Residents on individually written bowel and bladder retraining program.	2	2.1	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	27	28.1	42.9	37.7
Completely bedfast residents.	7	7.3	3.8	3.4
Residents confined to chairs.	73	76.0	58.6	50.8
Residents requiring restraints.	0	0.0	45.3	41.3
Confused or disoriented residents.	54	56.3	60.6	58.4
Residents with bed sores.	12	12.5	8.8	7.1
Residents receiving special skin care.	32	33.3	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SANTA FE CONVALESCENT HOSPITAL

Street Address: 3294 SANTA FE AVENUE	**City and State:** LONG BEACH CA 90810

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 90	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 03/10/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 89	**Medicare Residents:** 0	**Medicaid Residents:** 64

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	79	88.8	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	79	88.8	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	78	87.6	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	79	88.8	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	47	52.8	73.0	68.2
Residents on individually written bowel and bladder retraining program.	2	2.2	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	18	20.2	42.9	37.7
Completely bedfast residents.	4	4.5	3.8	3.4
Residents confined to chairs.	70	78.7	58.6	50.8
Residents requiring restraints.	39	43.8	45.3	41.3
Confused or disoriented residents.	68	76.4	60.6	58.4
Residents with bed sores.	6	6.7	8.8	7.1
Residents receiving special skin care.	50	56.2	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ST. MARY MEDICAL CTR

Street Address: 1050 LINDEN AVE	**City and State:** LONG BEACH CA 90801

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 80	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 12/01/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 68	**Medicare Residents:** 21	**Medicaid Residents:** 34

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	53	77.9	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	60	88.2	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	56	82.4	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	58	85.3	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	36	52.9	73.0	68.2
Residents on individually written bowel and bladder retraining program.	1	1.5	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	29	42.6	42.9	37.7
Completely bedfast residents.	4	5.9	3.8	3.4
Residents confined to chairs.	40	58.8	58.6	50.8
Residents requiring restraints.	0	0.0	45.3	41.3
Confused or disoriented residents.	21	30.9	60.6	58.4
Residents with bed sores.	16	23.5	8.8	7.1
Residents receiving special skin care.	15	22.1	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
VILLA MARIA CARE CENTER

Street Address: 723 E 9TH STREET		**City and State:** LONG BEACH CA 90813	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 52	**Type of Ownership:** PROPRIETARY	**Survey Date:** 02/17/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 50	**Medicare Residents:** 0	**Medicaid Residents:** 47

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	46	92.0	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	42	84.0	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	34	68.0	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	46	92.0	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	34	68.0	73.0	68.2
Residents on individually written bowel and bladder retraining program.	1	2.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	20	40.0	42.9	37.7
Completely bedfast residents.	3	6.0	3.8	3.4
Residents confined to chairs.	37	74.0	58.6	50.8
Residents requiring restraints.	11	22.0	45.3	41.3
Confused or disoriented residents.	35	70.0	60.6	58.4
Residents with bed sores.	2	4.0	8.8	7.1
Residents receiving special skin care.	50	100	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	NOT MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
WALNUT CONVALESCENT HOSPITAL

Street Address: 1201 WALNUT AVENUE	**City and State:** LONG BEACH CA 90813

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 78	**Type of Ownership:** PROPRIETARY	**Survey Date:** 03/08/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 67	**Medicare Residents:** 1	**Medicaid Residents:** 65

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	50	74.6	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	66	98.5	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	49	73.1	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	51	76.1	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	57	85.1	73.0	68.2
Residents on individually written bowel and bladder retraining program.	1	1.5	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	58	86.6	42.9	37.7
Completely bedfast residents.	1	1.5	3.8	3.4
Residents confined to chairs.	57	85.1	58.6	50.8
Residents requiring restraints.	46	68.7	45.3	41.3
Confused or disoriented residents.	58	86.6	60.6	58.4
Residents with bed sores.	15	22.4	8.8	7.1
Residents receiving special skin care.	6	9.0	29.7	31.2

SELECTED PERFORMANCE INDICATORS

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Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
WILLOW LAKE CONVALESCENT HOSPITAL

Street Address: 2615 GRAND AVENUE		**City and State:** LONG BEACH CA 90815	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 160	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 01/26/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 159	**Medicare Residents:** 1	**Medicaid Residents:** 103

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	136	85.5	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	133	83.6	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	121	76.1	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	123	77.4	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	113	71.1	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	44	27.7	42.9	37.7
Completely bedfast residents.	8	5.0	3.8	3.4
Residents confined to chairs.	117	73.6	58.6	50.8
Residents requiring restraints.	67	42.1	45.3	41.3
Confused or disoriented residents.	82	51.6	60.6	58.4
Residents with bed sores.	12	7.5	8.8	7.1
Residents receiving special skin care.	44	27.7	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ALAMITOS WEST CONVALESCENT HOSPITAL

Street Address: 3902 KATELLA AVE		**City and State:** LOS ALAMITOS CA 90720	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 199	**Type of Ownership:** PROPRIETARY	**Survey Date:** 03/10/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
188	9	105

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	188	100	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	173	92.0	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	173	92.0	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	173	92.0	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	140	74.5	73.0	68.2
Residents on individually written bowel and bladder retraining program.	4	2.1	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	89	47.3	42.9	37.7
Completely bedfast residents.	3	1.6	3.8	3.4
Residents confined to chairs.	114	60.6	58.6	50.8
Residents requiring restraints.	160	85.1	45.3	41.3
Confused or disoriented residents.	154	81.9	60.6	58.4
Residents with bed sores.	30	16.0	8.8	7.1
Residents receiving special skin care.	26	13.8	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BEVERLY MANOR CONVALESCENT HOSPITAL

Street Address: 809 FREMONT AVE		**City and State:** LOS ALTOS CA 94022	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 152	**Type of Ownership:** PROPRIETARY	**Survey Date:** 12/09/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
133	1	100

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	123	92.5	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	124	93.2	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	114	85.7	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	114	85.7	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	111	83.5	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	56	42.1	42.9	37.7
Completely bedfast residents.	2	1.5	3.8	3.4
Residents confined to chairs.	123	92.5	58.6	50.8
Residents requiring restraints.	73	54.9	45.3	41.3
Confused or disoriented residents.	74	55.6	60.6	58.4
Residents with bed sores.	19	14.3	8.8	7.1
Residents receiving special skin care.	13	9.8	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	NOT MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
PILGRIM HAVEN

Street Address: 373 PINE LANE	**City and State:** LOS ALTOS CA 94022

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 66	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 05/13/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 63	**Medicare Residents:** 0	**Medicaid Residents:** 7

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	62	98.4	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	59	93.7	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	56	88.9	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	56	88.9	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	51	81.0	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	23	36.5	42.9	37.7
Completely bedfast residents.	1	1.6	3.8	3.4
Residents confined to chairs.	15	23.8	58.6	50.8
Residents requiring restraints.	30	47.6	45.3	41.3
Confused or disoriented residents.	49	77.8	60.6	58.4
Residents with bed sores.	4	6.3	8.8	7.1
Residents receiving special skin care.	1	1.6	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ALCOTT REHABILITATION HOSPITAL

Street Address: 3551 WEST OLYMPIC BOULEVARD	**City and State:** LOS ANGELES CA 90019

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 121	**Type of Ownership:** PROPRIETARY	**Survey Date:** 04/04/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 113	**Medicare Residents:** 27	**Medicaid Residents:** 46

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	105	92.9	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	111	98.2	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	108	95.6	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	98	86.7	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	78	69.0	73.0	68.2
Residents on individually written bowel and bladder retraining program.	1	0.9	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	65	57.5	42.9	37.7
Completely bedfast residents.	14	12.4	3.8	3.4
Residents confined to chairs.	69	61.1	58.6	50.8
Residents requiring restraints.	66	58.4	45.3	41.3
Confused or disoriented residents.	74	65.5	60.6	58.4
Residents with bed sores.	61	54.0	8.8	7.1
Residents receiving special skin care.	113	100	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ALDEN TERRACE CONVALESCENT HOSPITAL

Street Address: 1241 S LAKE STREET	**City and State:** LOS ANGELES CA 90006

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 121	**Type of Ownership:** PROPRIETARY	**Survey Date:** 06/20/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 106	**Medicare Residents:** 7	**Medicaid Residents:** 82

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	93	87.7	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	99	93.4	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	87	82.1	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	87	82.1	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	75	70.8	73.0	68.2
Residents on individually written bowel and bladder retraining program.	2	1.9	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	47	44.3	42.9	37.7
Completely bedfast residents.	12	11.3	3.8	3.4
Residents confined to chairs.	46	43.4	58.6	50.8
Residents requiring restraints.	60	56.6	45.3	41.3
Confused or disoriented residents.	80	75.5	60.6	58.4
Residents with bed sores.	22	20.8	8.8	7.1
Residents receiving special skin care.	106	100	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
AMBERAWOOD CONVALESCENT HOSPITAL INC

Street Address: 6071 YORK BOULEVARD		**City and State:** LOS ANGELES CA 90042	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 107	**Type of Ownership:** PROPRIETARY	**Survey Date:** 07/23/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
101	1	61

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	101	100	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	92	91.1	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	86	85.1	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	90	89.1	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	82	81.2	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	37	36.6	42.9	37.7
Completely bedfast residents.	1	1.0	3.8	3.4
Residents confined to chairs.	94	93.1	58.6	50.8
Residents requiring restraints.	72	71.3	45.3	41.3
Confused or disoriented residents.	75	74.3	60.6	58.4
Residents with bed sores.	7	6.9	8.8	7.1
Residents receiving special skin care.	86	85.1	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ANGELS NURSING CENTER INC

Street Address: 415 S UNION AVENUE		**City and State:** LOS ANGELES CA 90017	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 49	**Type of Ownership:** PROPRIETARY	**Survey Date:** 03/11/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 47	**Medicare Residents:** 3	**Medicaid Residents:** 44

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	30	63.8	83.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	40	85.1	87.4	83.2
Toileting				
Residents requiring some or total assistance in toileting.	27	57.4	80.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	37	78.7	79.4	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	29	61.7	73.0	68.2
Residents on individually written bowel and bladder retraining program.	1	2.1	2.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	27	57.4	42.9	37.7
Completely bedfast residents.	4	8.5	3.8	3.4
Residents confined to chairs.	25	53.2	58.6	50.8
Residents requiring restraints.	3	6.4	45.3	41.3
Confused or disoriented residents.	25	53.2	60.6	58.4
Residents with bed sores.	0	0.0	8.8	7.1
Residents receiving special skin care.	5	10.6	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ARARAT CONV HOSP

Street Address: 2373 COLORADO BLVD	**City and State:** LOS ANGELES CA 90041

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 42	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 04/01/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 41	**Medicare Residents:** 0	**Medicaid Residents:** 36

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	41	100	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	41	100	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	36	87.8	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	36	87.8	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	36	87.8	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	22	53.7	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	32	78.0	58.6	50.8
Residents requiring restraints.	13	31.7	45.3	41.3
Confused or disoriented residents.	28	68.3	60.6	58.4
Residents with bed sores.	1	2.4	8.8	7.1
Residents receiving special skin care.	3	7.3	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	NOT MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BEVERLY MANOR CONV HOSP OF LA

Street Address: 3002 ROWENA AVENUE	**City and State:** LOS ANGELES CA 92873

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 131	**Type of Ownership:** PROPRIETARY	**Survey Date:** 05/24/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 127	**Medicare Residents:** 10	**Medicaid Residents:** 111

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	125	98.4	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	113	89.0	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	107	84.3	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	105	82.7	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	90	70.9	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	66	52.0	42.9	37.7
Completely bedfast residents.	17	13.4	3.8	3.4
Residents confined to chairs.	97	76.4	58.6	50.8
Residents requiring restraints.	69	54.3	45.3	41.3
Confused or disoriented residents.	106	83.5	60.6	58.4
Residents with bed sores.	18	14.2	8.8	7.1
Residents receiving special skin care.	19	15.0	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	NOT MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BEVERLY PALMS REHABILITATION HOSPITAL

Street Address: 8000 BEVERLY BOULEVARD		**City and State:** LOS ANGELES CA 90048	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 41	**Type of Ownership:** PROPRIETARY	**Survey Date:** 04/10/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 21	**Medicare Residents:** 21	**Medicaid Residents:** 0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY #	FACILITY %	STATE %	NATION %
Bathing Residents requiring some or total assistance in bathing.	15	71.4	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	21	100	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	21	100	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	20	95.2	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	7	33.3	73.0	68.2
Residents on individually written bowel and bladder retraining program.	2	9.5	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	6	28.6	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	1	4.8	58.6	50.8
Residents requiring restraints.	1	4.8	45.3	41.3
Confused or disoriented residents.	6	28.6	60.6	58.4
Residents with bed sores.	3	14.3	8.8	7.1
Residents receiving special skin care.	4	19.0	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE BEVERLY WEST CONVALESCENT HOSPITAL

Street Address: 1516 SAWTELLE BOULEVARD		**City and State:** LOS ANGELES CA 90025	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 113	**Type of Ownership:** PROPRIETARY	**Survey Date:** 06/29/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
107	1	94

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	82	76.6	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	88	82.2	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	79	73.8	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	64	59.8	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	55	51.4	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	40	37.4	42.9	37.7
Completely bedfast residents.	1	0.9	3.8	3.4
Residents confined to chairs.	50	46.7	58.6	50.8
Residents requiring restraints.	56	52.3	45.3	41.3
Confused or disoriented residents.	58	54.2	60.6	58.4
Residents with bed sores.	15	14.0	8.8	7.1
Residents receiving special skin care.	31	29.0	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BONNIE BRAE MANOR CONVALESCENT HOSP

Street Address: 420 S BONNIE BRAE STREET		**City and State:** LOS ANGELES CA 90057	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 59	**Type of Ownership:** PROPRIETARY	**Survey Date:** 09/16/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
58	0	48

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	55	94.8	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	54	93.1	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	50	86.2	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	48	82.8	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	47	81.0	73.0	68.2
Residents on individually written bowel and bladder retraining program.	1	1.7	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	14	24.1	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	46	79.3	58.6	50.8
Residents requiring restraints.	0	0.0	45.3	41.3
Confused or disoriented residents.	49	84.5	60.6	58.4
Residents with bed sores.	2	3.4	8.8	7.1
Residents receiving special skin care.	12	20.7	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BRIER OAK TERRACE CONVALESCENT CENTER

Street Address: 5154 SUNSET BOULEVARD	**City and State:** LOS ANGELES CA 91776

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 159	**Type of Ownership:** PROPRIETARY	**Survey Date:** 09/24/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 131	**Medicare Residents:** 0	**Medicaid Residents:** 100

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	115	87.8	83.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	112	85.5	87.4	83.2
Toileting				
Residents requiring some or total assistance in toileting.	105	80.2	80.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	103	78.6	79.4	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	80	61.1	73.0	68.2
Residents on individually written bowel and bladder retraining program.	1	0.8	2.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	37	28.2	42.9	37.7
Completely bedfast residents.	6	4.6	3.8	3.4
Residents confined to chairs.	46	35.1	58.6	50.8
Residents requiring restraints.	63	48.1	45.3	41.3
Confused or disoriented residents.	53	40.5	60.6	58.4
Residents with bed sores.	24	18.3	8.8	7.1
Residents receiving special skin care.	11	8.4	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BUENA VENTURA CONVALESCENT HOSPITAL

Street Address: 1016 SOUTH RECORD AVENUE	**City and State:** LOS ANGELES CA 90023

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 99	**Type of Ownership:** PROPRIETARY	**Survey Date:** 06/16/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 95	**Medicare Residents:** 3	**Medicaid Residents:** 86

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	89	93.7	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	87	91.6	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	89	93.7	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	84	88.4	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	76	80.0	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	51	53.7	42.9	37.7
Completely bedfast residents.	3	3.2	3.8	3.4
Residents confined to chairs.	70	73.7	58.6	50.8
Residents requiring restraints.	55	57.9	45.3	41.3
Confused or disoriented residents.	4	4.2	60.6	58.4
Residents with bed sores.	2	2.1	8.8	7.1
Residents receiving special skin care.	23	24.2	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BURLINGTON CONVALESCENT HOSPITAL

Street Address: 845 SOUTH BURLINGTON AVENUE		**City and State:** LOS ANGELES CA 90057	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 124	**Type of Ownership:** PROPRIETARY	**Survey Date:** 04/25/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 116	**Medicare Residents:** 2	**Medicaid Residents:** 2

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	32	27.6	83.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	104	89.7	87.4	83.2
Toileting				
Residents requiring some or total assistance in toileting.	86	74.1	80.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	94	81.0	79.4	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	94	81.0	73.0	68.2
Residents on individually written bowel and bladder retraining program.	1	0.9	2.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	29	25.0	42.9	37.7
Completely bedfast residents.	3	2.6	3.8	3.4
Residents confined to chairs.	76	65.5	58.6	50.8
Residents requiring restraints.	50	43.1	45.3	41.3
Confused or disoriented residents.	113	97.4	60.6	58.4
Residents with bed sores.	17	14.7	8.8	7.1
Residents receiving special skin care.	116	100	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CALIFORNIA CONVALESCENT CENTER

Street Address: 909 S LAKE STREET		**City and State:** LOS ANGELES CA 90006	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 66	**Type of Ownership:** PROPRIETARY	**Survey Date:** 09/30/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
66	0	56

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	54	81.8	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	55	83.3	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	46	69.7	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	55	83.3	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	46	69.7	73.0	68.2
Residents on individually written bowel and bladder retraining program.	1	1.5	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	52	78.8	42.9	37.7
Completely bedfast residents.	2	3.0	3.8	3.4
Residents confined to chairs.	43	65.2	58.6	50.8
Residents requiring restraints.	33	50.0	45.3	41.3
Confused or disoriented residents.	43	65.2	60.6	58.4
Residents with bed sores.	14	21.2	8.8	7.1
Residents receiving special skin care.	17	25.8	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	NOT MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CALIFORNIA CONVALESCENT CENTER

Street Address: 1154 S ALVARADO STREET		**City and State:** LOS ANGELES CA 90006	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 72	**Type of Ownership:** PROPRIETARY	**Survey Date:** 11/02/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 59	**Medicare Residents:** 0	**Medicaid Residents:** 0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	56	94.9	83.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	56	94.9	87.4	83.2
Toileting				
Residents requiring some or total assistance in toileting.	48	81.4	80.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	45	76.3	79.4	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	30	50.8	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	15	25.4	42.9	37.7
Completely bedfast residents.	5	8.5	3.8	3.4
Residents confined to chairs.	44	74.6	58.6	50.8
Residents requiring restraints.	19	32.2	45.3	41.3
Confused or disoriented residents.	44	74.6	60.6	58.4
Residents with bed sores.	15	25.4	8.8	7.1
Residents receiving special skin care.	15	25.4	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CALIFORNIA HOSPITAL MEDICAL CENTER-SNF

Street Address: 1414 S HOPE ST	**City and State:** LOS ANGELES CA 90015

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 19	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 01/28/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 12	**Medicare Residents:** 6	**Medicaid Residents:** 2

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	12	100	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	12	100	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	12	100	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	12	100	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	10	83.3	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	5	41.7	42.9	37.7
Completely bedfast residents.	7	58.3	3.8	3.4
Residents confined to chairs.	3	25.0	58.6	50.8
Residents requiring restraints.	0	0.0	45.3	41.3
Confused or disoriented residents.	0	0.0	60.6	58.4
Residents with bed sores.	4	33.3	8.8	7.1
Residents receiving special skin care.	0	0.0	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CASA DESCANSO CONVALESCENT HOSP

Street Address: 4515 HUNTINGTON DRIVE SO		**City and State:** LOS ANGELES CA 90032	
Participation: MEDICAID SNF	**# of Beds:** 104	**Type of Ownership:** PROPRIETARY	**Survey Date:** 07/23/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
102	0	95

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	81	79.4	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	77	75.5	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	69	67.6	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	38	37.3	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	69	67.6	73.0	68.2
Residents on individually written bowel and bladder retraining program.	2	2.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	30	29.4	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	38	37.3	58.6	50.8
Residents requiring restraints.	38	37.3	45.3	41.3
Confused or disoriented residents.	67	65.7	60.6	58.4
Residents with bed sores.	3	2.9	8.8	7.1
Residents receiving special skin care.	26	25.5	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CHEVIOT GARDEN CONV HOSP

Street Address: 3533 MOTOR AVE	**City and State:** LOS ANGELES CA 90034

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 99	**Type of Ownership:** PROPRIETARY	**Survey Date:** 02/10/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 95	**Medicare Residents:** 0	**Medicaid Residents:** 59

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	95	100	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	95	100	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	71	74.7	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	65	68.4	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	67	70.5	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	29	30.5	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	95	100	58.6	50.8
Residents requiring restraints.	71	74.7	45.3	41.3
Confused or disoriented residents.	66	69.5	60.6	58.4
Residents with bed sores.	3	3.2	8.8	7.1
Residents receiving special skin care.	15	15.8	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CIGNA HOSPITAL OF LOS ANGELES

Street Address: 1711 W TEMPLE ST		**City and State:** LOS ANGELES CA 90026	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 28	**Type of Ownership:** PROPRIETARY	**Survey Date:** 05/04/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
9	3	0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	6	66.7	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	8	88.9	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	8	88.9	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	8	88.9	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	5	55.6	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	5	55.6	42.9	37.7
Completely bedfast residents.	1	11.1	3.8	3.4
Residents confined to chairs.	3	33.3	58.6	50.8
Residents requiring restraints.	1	11.1	45.3	41.3
Confused or disoriented residents.	2	22.2	60.6	58.4
Residents with bed sores.	3	33.3	8.8	7.1
Residents receiving special skin care.	0	0.0	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
COLLEGE VISTA CONV HOSP

Street Address: 4681 EAGLE ROCK BLVD		**City and State:** LOS ANGELES CA 90041	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 49	**Type of Ownership:** PROPRIETARY	**Survey Date:** 04/07/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 47	**Medicare Residents:** 1	**Medicaid Residents:** 16

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	43	91.5	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	44	93.6	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	41	87.2	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	41	87.2	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	31	66.0	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	21	44.7	42.9	37.7
Completely bedfast residents.	1	2.1	3.8	3.4
Residents confined to chairs.	44	93.6	58.6	50.8
Residents requiring restraints.	25	53.2	45.3	41.3
Confused or disoriented residents.	25	53.2	60.6	58.4
Residents with bed sores.	2	4.3	8.8	7.1
Residents receiving special skin care.	10	21.3	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CONVALESCENT CARE CENTER

Street Address: 230 E ADAMS BOULEVARD		**City and State:** LOS ANGELES CA 90011	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 88	**Type of Ownership:** PROPRIETARY	**Survey Date:** 11/13/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
87	0	0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	81	93.1	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	83	95.4	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	72	82.8	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	74	85.1	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	65	74.7	73.0	68.2
Residents on individually written bowel and bladder retraining program.	1	1.1	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	25	28.7	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	64	73.6	58.6	50.8
Residents requiring restraints.	40	46.0	45.3	41.3
Confused or disoriented residents.	60	69.0	60.6	58.4
Residents with bed sores.	7	8.0	8.8	7.1
Residents receiving special skin care.	50	57.5	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CORONADO SANITARIUM

Street Address: 2534 W BEVERLY BLVD	**City and State:** LOS ANGELES CA 90057

Participation: MEDICAID SNF	**# of Beds:** 22	**Type of Ownership:** PROPRIETARY	**Survey Date:** 03/11/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 22	**Medicare Residents:** 0	**Medicaid Residents:** 22

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	17	77.3	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	17	77.3	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	15	68.2	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	12	54.5	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	13	59.1	73.0	68.2
Residents on individually written bowel and bladder retraining program.	1	4.5	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	5	22.7	42.9	37.7
Completely bedfast residents.	1	4.5	3.8	3.4
Residents confined to chairs.	6	27.3	58.6	50.8
Residents requiring restraints.	5	22.7	45.3	41.3
Confused or disoriented residents.	22	100	60.6	58.4
Residents with bed sores.	2	9.1	8.8	7.1
Residents receiving special skin care.	3	13.6	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
COUNTRY VILLA NORTH

Street Address: 3233 W PICO BOULEVARD	**City and State:** LOS ANGELES CA 90019

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 99	**Type of Ownership:** PROPRIETARY	**Survey Date:** 03/08/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 92	**Medicare Residents:** 7	**Medicaid Residents:** 77

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	80	87.0	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	79	85.9	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	71	77.2	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	72	78.3	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	78	84.8	73.0	68.2
Residents on individually written bowel and bladder retraining program.	2	2.2	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	46	50.0	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	51	55.4	58.6	50.8
Residents requiring restraints.	49	53.3	45.3	41.3
Confused or disoriented residents.	71	77.2	60.6	58.4
Residents with bed sores.	7	7.6	8.8	7.1
Residents receiving special skin care.	92	100	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
COUNTRY VILLA SOUTH CONVALESCENT CTR

Street Address: 3515 OVERLAND AVENUE		**City and State:** LOS ANGELES CA 90034	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 87	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/26/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 76	**Medicare Residents:** 8	**Medicaid Residents:** 50

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY #	FACILITY %	STATE %	NATION %
Bathing Residents requiring some or total assistance in bathing.	59	77.6	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	70	92.1	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	70	92.1	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	60	78.9	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	60	78.9	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	63	82.9	42.9	37.7
Completely bedfast residents.	4	5.3	3.8	3.4
Residents confined to chairs.	72	94.7	58.6	50.8
Residents requiring restraints.	55	72.4	45.3	41.3
Confused or disoriented residents.	56	73.7	60.6	58.4
Residents with bed sores.	6	7.9	8.8	7.1
Residents receiving special skin care.	57	75.0	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
COUNTRY VILLA WESTWOOD CONV. CENTER

Street Address: 12121 SANTA MONICA BOULEVARD		**City and State:** LOS ANGELES CA 90025	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 93	**Type of Ownership:** PROPRIETARY	**Survey Date:** 09/30/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 89	**Medicare Residents:** 2	**Medicaid Residents:** 51

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	87	97.8	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	80	89.9	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	87	97.8	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	87	97.8	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	88	98.9	73.0	68.2
Residents on individually written bowel and bladder retraining program.	2	2.2	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	40	44.9	42.9	37.7
Completely bedfast residents.	1	1.1	3.8	3.4
Residents confined to chairs.	82	92.1	58.6	50.8
Residents requiring restraints.	82	92.1	45.3	41.3
Confused or disoriented residents.	69	77.5	60.6	58.4
Residents with bed sores.	4	4.5	8.8	7.1
Residents receiving special skin care.	52	58.4	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
COUNTRY VILLA WILSHIRE CONV HOSP

Street Address: 855 N FAIRFAX AVENUE	**City and State:** LOS ANGELES CA 90046

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 81	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/05/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 75	**Medicare Residents:** 2	**Medicaid Residents:** 40

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	74	98.7	83.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	69	92.0	87.4	83.2
Toileting				
Residents requiring some or total assistance in toileting.	69	92.0	80.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	69	92.0	79.4	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	69	92.0	73.0	68.2
Residents on individually written bowel and bladder retraining program.	2	2.7	2.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	47	62.7	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	46	61.3	58.6	50.8
Residents requiring restraints.	60	80.0	45.3	41.3
Confused or disoriented residents.	67	89.3	60.6	58.4
Residents with bed sores.	6	8.0	8.8	7.1
Residents receiving special skin care.	34	45.3	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CRENSHAW NURSING HOME

Street Address: 1900 S LONGWOOD AVE	**City and State:** LOS ANGELES CA 90016

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 55	**Type of Ownership:** PROPRIETARY	**Survey Date:** 11/17/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 54	**Medicare Residents:** 1	**Medicaid Residents:** 0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	52	96.3	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	54	100	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	42	77.8	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	30	55.6	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	25	46.3	73.0	68.2
Residents on individually written bowel and bladder retraining program.	1	1.9	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	11	20.4	42.9	37.7
Completely bedfast residents.	2	3.7	3.8	3.4
Residents confined to chairs.	15	27.8	58.6	50.8
Residents requiring restraints.	0	0.0	45.3	41.3
Confused or disoriented residents.	15	27.8	60.6	58.4
Residents with bed sores.	5	9.3	8.8	7.1
Residents receiving special skin care.	35	64.8	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CULVER WEST CONVALESCENT HOSPITAL

Street Address: 4035 GRANDVIEW BOULEVARD		**City and State:** LOS ANGELES CA 90066	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 91	**Type of Ownership:** PROPRIETARY	**Survey Date:** 05/24/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 86	**Medicare Residents:** 10	**Medicaid Residents:** 37

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	69	80.2	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	82	95.3	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	77	89.5	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	76	88.4	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	62	72.1	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	35	40.7	42.9	37.7
Completely bedfast residents.	4	4.7	3.8	3.4
Residents confined to chairs.	70	81.4	58.6	50.8
Residents requiring restraints.	66	76.7	45.3	41.3
Confused or disoriented residents.	41	47.7	60.6	58.4
Residents with bed sores.	8	9.3	8.8	7.1
Residents receiving special skin care.	14	16.3	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
DUNLAP SANITARIUM

Street Address: 6011 WEST BLVD	**City and State:** LOS ANGELES CA 90043

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 40	**Type of Ownership:** PROPRIETARY	**Survey Date:** 11/09/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 37	**Medicare Residents:** 0	**Medicaid Residents:** 37

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	35	94.6	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	34	91.9	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	27	73.0	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	37	100	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	17	45.9	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	2	5.4	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	19	51.4	58.6	50.8
Residents requiring restraints.	3	8.1	45.3	41.3
Confused or disoriented residents.	34	91.9	60.6	58.4
Residents with bed sores.	0	0.0	8.8	7.1
Residents receiving special skin care.	0	0.0	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
E LOS ANGELES DOCTORS HOSPITAL-SNF

Street Address: 4060 E WHITTIER BLVD		**City and State:** LOS ANGELES CA 90023	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 8	**Type of Ownership:** PROPRIETARY	**Survey Date:** 02/24/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
8	5	3

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	7	87.5	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	8	100	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	6	75.0	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	7	87.5	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	5	62.5	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	7	87.5	42.9	37.7
Completely bedfast residents.	2	25.0	3.8	3.4
Residents confined to chairs.	2	25.0	58.6	50.8
Residents requiring restraints.	0	0.0	45.3	41.3
Confused or disoriented residents.	0	0.0	60.6	58.4
Residents with bed sores.	4	50.0	8.8	7.1
Residents receiving special skin care.	4	50.0	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
EAST LOS ANGELES CONVALESCENT HOSPITAL

Street Address: 101 S FICKETT STREET		**City and State:** LOS ANGELES CA 90033	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 99	**Type of Ownership:** PROPRIETARY	**Survey Date:** 02/05/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
91	9	76

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	86	94.5	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	82	90.1	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	65	71.4	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	59	64.8	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	55	60.4	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	30	33.0	42.9	37.7
Completely bedfast residents.	7	7.7	3.8	3.4
Residents confined to chairs.	66	72.5	58.6	50.8
Residents requiring restraints.	35	38.5	45.3	41.3
Confused or disoriented residents.	54	59.3	60.6	58.4
Residents with bed sores.	9	9.9	8.8	7.1
Residents receiving special skin care.	14	15.4	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ECHO PARK SNF HOSPITAL INC

Street Address: 1633 ECHO PARK AVENUE	**City and State:** LOS ANGELES CA 90026

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 59	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/26/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 58	**Medicare Residents:** 2	**Medicaid Residents:** 47

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	51	87.9	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	54	93.1	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	51	87.9	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	54	93.1	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	39	67.2	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	31	53.4	42.9	37.7
Completely bedfast residents.	1	1.7	3.8	3.4
Residents confined to chairs.	30	51.7	58.6	50.8
Residents requiring restraints.	46	79.3	45.3	41.3
Confused or disoriented residents.	32	55.2	60.6	58.4
Residents with bed sores.	4	6.9	8.8	7.1
Residents receiving special skin care.	10	17.2	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ELIZABETH MANOR

Street Address: 340 ALVARADO ST	**City and State:** LOS ANGELES CA 90057

Participation: MEDICAID SNF	**# of Beds:** 180	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 10/07/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 131	**Medicare Residents:** 0	**Medicaid Residents:** 40

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	97	74.0	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	130	99.2	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	122	93.1	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	115	87.8	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	110	84.0	73.0	68.2
Residents on individually written bowel and bladder retraining program.	4	3.1	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	77	58.8	42.9	37.7
Completely bedfast residents.	22	16.8	3.8	3.4
Residents confined to chairs.	67	51.1	58.6	50.8
Residents requiring restraints.	50	38.2	45.3	41.3
Confused or disoriented residents.	90	68.7	60.6	58.4
Residents with bed sores.	25	19.1	8.8	7.1
Residents receiving special skin care.	85	64.9	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
FLORA TERRACE CONV HOSP INC

Street Address: 5916 W PICO BOULEVARD		**City and State:** LOS ANGELES CA 90035	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 66	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/02/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
59	0	0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	55	93.2	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	53	89.8	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	52	88.1	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	52	88.1	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	45	76.3	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	16	27.1	42.9	37.7
Completely bedfast residents.	1	1.7	3.8	3.4
Residents confined to chairs.	44	74.6	58.6	50.8
Residents requiring restraints.	14	23.7	45.3	41.3
Confused or disoriented residents.	40	67.8	60.6	58.4
Residents with bed sores.	4	6.8	8.8	7.1
Residents receiving special skin care.	5	8.5	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
FLORA TERRACE WEST CONV HOSP INC

Street Address: 6070 W PICO BOULEVARD		**City and State:** LOS ANGELES CA 90035	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 49	**Type of Ownership:** PROPRIETARY	**Survey Date:** 11/05/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 44	**Medicare Residents:** 0	**Medicaid Residents:** 0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	44	100	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	44	100	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	42	95.5	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	37	84.1	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	39	88.6	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	10	22.7	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	0	0.0	58.6	50.8
Residents requiring restraints.	29	65.9	45.3	41.3
Confused or disoriented residents.	14	31.8	60.6	58.4
Residents with bed sores.	2	4.5	8.8	7.1
Residents receiving special skin care.	0	0.0	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
FOUNTAIN GARDENS CONVALESCENT HOSPITAL

Street Address: 2222 SANTA ANA BLVD	**City and State:** LOS ANGELES CA 90059

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 149	**Type of Ownership:** PROPRIETARY	**Survey Date:** 04/29/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 147	**Medicare Residents:** 0	**Medicaid Residents:** 147

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	55	37.4	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	103	70.1	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	45	30.6	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	91	61.9	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	80	54.4	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	25	17.0	42.9	37.7
Completely bedfast residents.	11	7.5	3.8	3.4
Residents confined to chairs.	68	46.3	58.6	50.8
Residents requiring restraints.	23	15.6	45.3	41.3
Confused or disoriented residents.	127	86.4	60.6	58.4
Residents with bed sores.	18	12.2	8.8	7.1
Residents receiving special skin care.	3	2.0	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	NOT MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
FOUNTAIN VIEW CONVALESCENT HOSPITAL

Street Address: 5310 FOUNTAIN AVENUE		**City and State:** LOS ANGELES CA 90029	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 99	**Type of Ownership:** PROPRIETARY	**Survey Date:** 03/02/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 96	**Medicare Residents:** 10	**Medicaid Residents:** 75

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	90	93.8	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	90	93.8	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	84	87.5	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	83	86.5	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	73	76.0	73.0	68.2
Residents on individually written bowel and bladder retraining program.	1	1.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	53	55.2	42.9	37.7
Completely bedfast residents.	5	5.2	3.8	3.4
Residents confined to chairs.	77	80.2	58.6	50.8
Residents requiring restraints.	67	69.8	45.3	41.3
Confused or disoriented residents.	69	71.9	60.6	58.4
Residents with bed sores.	15	15.6	8.8	7.1
Residents receiving special skin care.	56	58.3	29.7	31.2

SELECTED PERFORMANCE INDICATORS

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Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
GARDEN CREST CONVALESCENT HOSP INC

Street Address: 909 N LUCILLE AVENUE		**City and State:** LOS ANGELES CA 90026	
Participation: MEDICARE SNF	**# of Beds:** 72	**Type of Ownership:** PROPRIETARY	**Survey Date:** 05/19/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
57	0	0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	57	100	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	46	80.7	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	46	80.7	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	46	80.7	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	40	70.2	73.0	68.2
Residents on individually written bowel and bladder retraining program.	2	3.5	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	26	45.6	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	46	80.7	58.6	50.8
Residents requiring restraints.	42	73.7	45.3	41.3
Confused or disoriented residents.	40	70.2	60.6	58.4
Residents with bed sores.	4	7.0	8.8	7.1
Residents receiving special skin care.	0	0.0	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
GARDEN PLAZA CONVALESCENT HOSPITAL

Street Address: 12029 S AVALON BOULEVARD		**City and State:** LOS ANGELES CA 90061	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 131	**Type of Ownership:** PROPRIETARY	**Survey Date:** 05/19/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 112	**Medicare Residents:** 0	**Medicaid Residents:** 109

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	94	83.9	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	101	90.2	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	98	87.5	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	93	83.0	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	100	89.3	73.0	68.2
Residents on individually written bowel and bladder retraining program.	2	1.8	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	50	44.6	42.9	37.7
Completely bedfast residents.	1	0.9	3.8	3.4
Residents confined to chairs.	60	53.6	58.6	50.8
Residents requiring restraints.	80	71.4	45.3	41.3
Confused or disoriented residents.	96	85.7	60.6	58.4
Residents with bed sores.	7	6.3	8.8	7.1
Residents receiving special skin care.	16	14.3	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
GOOD SHEPHERD NURSING HOME

Street Address: 9705 HOLMES AVENUE	**City and State:** LOS ANGELES CA 90002

Participation: MEDICAID SNF	**# of Beds:** 32	**Type of Ownership:** PROPRIETARY	**Survey Date:** 01/27/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 26	**Medicare Residents:** 0	**Medicaid Residents:** 26

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	21	80.8	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	20	76.9	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	18	69.2	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	15	57.7	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	19	73.1	73.0	68.2
Residents on individually written bowel and bladder retraining program.	2	7.7	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	5	19.2	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	12	46.2	58.6	50.8
Residents requiring restraints.	5	19.2	45.3	41.3
Confused or disoriented residents.	20	76.9	60.6	58.4
Residents with bed sores.	5	19.2	8.8	7.1
Residents receiving special skin care.	3	11.5	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
GRAND PARK CONVALESCENT HOSPITAL

Street Address: 2312 W 8TH STREET		**City and State:** LOS ANGELES CA 90057	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 151	**Type of Ownership:** PROPRIETARY	**Survey Date:** 01/12/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 144	**Medicare Residents:** 10	**Medicaid Residents:** 97

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	143	99.3	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	138	95.8	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	109	75.7	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	119	82.6	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	96	66.7	73.0	68.2
Residents on individually written bowel and bladder retraining program.	2	1.4	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	77	53.5	42.9	37.7
Completely bedfast residents.	1	0.7	3.8	3.4
Residents confined to chairs.	86	59.7	58.6	50.8
Residents requiring restraints.	60	41.7	45.3	41.3
Confused or disoriented residents.	87	60.4	60.6	58.4
Residents with bed sores.	8	5.6	8.8	7.1
Residents receiving special skin care.	32	22.2	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	NOT MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
GUARDIAN REHABILITATION HOSPITAL INC

Street Address: 533 SOUTH FAIRFAX AVE		**City and State:** LOS ANGELES CA 90036	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 93	**Type of Ownership:** PROPRIETARY	**Survey Date:** 01/05/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
87	7	17

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	68	78.2	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	79	90.8	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	79	90.8	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	84	96.6	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	78	89.7	73.0	68.2
Residents on individually written bowel and bladder retraining program.	1	1.1	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	74	85.1	42.9	37.7
Completely bedfast residents.	5	5.7	3.8	3.4
Residents confined to chairs.	71	81.6	58.6	50.8
Residents requiring restraints.	47	54.0	45.3	41.3
Confused or disoriented residents.	55	63.2	60.6	58.4
Residents with bed sores.	3	3.4	8.8	7.1
Residents receiving special skin care.	22	25.3	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HANCOCK PARK CONVALESCENT HOSPITAL

Street Address:	**City and State:**
505 NORTH LA BREA AVENUE	LOS ANGELES CA 90036

Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF	141	PROPRIETARY	10/20/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
122	5	62

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	113	92.6	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	116	95.1	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	114	93.4	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	114	93.4	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	94	77.0	73.0	68.2
Residents on individually written bowel and bladder retraining program.	2	1.6	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	54	44.3	42.9	37.7
Completely bedfast residents.	13	10.7	3.8	3.4
Residents confined to chairs.	107	87.7	58.6	50.8
Residents requiring restraints.	93	76.2	45.3	41.3
Confused or disoriented residents.	106	86.9	60.6	58.4
Residents with bed sores.	29	23.8	8.8	7.1
Residents receiving special skin care.	75	61.5	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HOLLENBECK HOME FOR THE AGED CONV UNIT

Street Address: 573 S BOYLE AVENUE		**City and State:** LOS ANGELES CA 90033	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 112	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 01/12/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
69	1	50

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	63	91.3	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	59	85.5	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	59	85.5	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	59	85.5	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	49	71.0	73.0	68.2
Residents on individually written bowel and bladder retraining program.	1	1.4	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	23	33.3	42.9	37.7
Completely bedfast residents.	3	4.3	3.8	3.4
Residents confined to chairs.	50	72.5	58.6	50.8
Residents requiring restraints.	19	27.5	45.3	41.3
Confused or disoriented residents.	46	66.7	60.6	58.4
Residents with bed sores.	3	4.3	8.8	7.1
Residents receiving special skin care.	3	4.3	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HOLLYWOOD PRESBYTERIAN MEDICAL CTR=SNF

Street Address: 1300 N VERMONT AVENUE	**City and State:** LOS ANGELES CA 90029

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 59	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 12/29/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 46	**Medicare Residents:** 33	**Medicaid Residents:** 12

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	43	93.5	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	43	93.5	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	43	93.5	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	30	65.2	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	41	89.1	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	38	82.6	42.9	37.7
Completely bedfast residents.	13	28.3	3.8	3.4
Residents confined to chairs.	27	58.7	58.6	50.8
Residents requiring restraints.	24	52.2	45.3	41.3
Confused or disoriented residents.	19	41.3	60.6	58.4
Residents with bed sores.	29	63.0	8.8	7.1
Residents receiving special skin care.	46	100	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
rom the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HOSPITAL OF THE GOOD SAMARITAN

Street Address: 616 S WITMAR ST	**City and State:** LOS ANGELES CA 90817

Participation: MEDICARE SNF	**# of Beds:** 20	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 04/01/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 12	**Medicare Residents:** 12	**Medicaid Residents:** 0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	12	100	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	11	91.7	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	10	83.3	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	10	83.3	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	10	83.3	73.0	68.2
Residents on individually written bowel and bladder retraining program.	5	41.7	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	6	50.0	42.9	37.7
Completely bedfast residents.	3	25.0	3.8	3.4
Residents confined to chairs.	2	16.7	58.6	50.8
Residents requiring restraints.	2	16.7	45.3	41.3
Confused or disoriented residents.	4	33.3	60.6	58.4
Residents with bed sores.	1	8.3	8.8	7.1
Residents receiving special skin care.	5	41.7	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	NOT MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HYDE PARK CONV HOSP

Street Address: 6520 WEST BLVD	**City and State:** LOS ANGELES CA 90043

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 72	**Type of Ownership:** PROPRIETARY	**Survey Date:** 08/27/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 69	**Medicare Residents:** 5	**Medicaid Residents:** 45

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	54	78.3	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	52	75.4	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	40	58.0	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	39	56.5	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	37	53.6	73.0	68.2
Residents on individually written bowel and bladder retraining program.	3	4.3	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	39	56.5	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	37	53.6	58.6	50.8
Residents requiring restraints.	10	14.5	45.3	41.3
Confused or disoriented residents.	21	30.4	60.6	58.4
Residents with bed sores.	8	11.6	8.8	7.1
Residents receiving special skin care.	15	21.7	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
JAPANESE RETIREMENT HOME ICF

Street Address: 325 S BOYLE AVENUE	**City and State:** LOS ANGELES CA 90033

Participation: MEDICAID ICF	**# of Beds:** 96	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 11/12/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 89	**Medicare Residents:** 0	**Medicaid Residents:** 71

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	0	0.0	57.7	78.3
Dressing Residents requiring some or total assistance in dressing.	41	46.1	35.6	76.7
Toileting Residents requiring some or total assistance in toileting.	0	0.0	12.6	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	0	0.0	14.9	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	12	13.5	13.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	2.0	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	0	0.0	4.1	29.3
Completely bedfast residents.	0	0.0	0.2	3.6
Residents confined to chairs.	0	0.0	4.2	39.1
Residents requiring restraints.	0	0.0	1.4	31.7
Confused or disoriented residents.	29	32.6	23.8	55.8
Residents with bed sores.	0	0.0	0.5	4.7
Residents receiving special skin care.	3	3.4	10.4	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	7	18.9	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	3	8.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	3	8.1	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	2	5.4	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	7	18.9	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	4	10.8	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	2	5.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	6	16.2	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	0	0.0	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	1	2.7	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	1	2.7	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	3	8.1	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	14	37.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	6	16.2	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	0	0.0	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	6	16.2	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	5	13.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	16.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	11	29.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	18	48.6	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	5.4	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	13	35.1	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
KEIRO NURSING HOME

Street Address: 2221 LINCOLN PARK AVENUE	**City and State:** LOS ANGELES CA 90031

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 87	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 08/21/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 77	**Medicare Residents:** 1	**Medicaid Residents:** 73

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	67	87.0	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	71	92.2	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	70	90.9	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	57	74.0	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	57	74.0	73.0	68.2
Residents on individually written bowel and bladder retraining program.	65	84.4	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	27	35.1	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	60	77.9	58.6	50.8
Residents requiring restraints.	28	36.4	45.3	41.3
Confused or disoriented residents.	63	81.8	60.6	58.4
Residents with bed sores.	3	3.9	8.8	7.1
Residents receiving special skin care.	10	13.0	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
KENNEDY CONVALESCENT HOSPITAL

Street Address: 619 N FAIRFAX AVENUE	**City and State:** LOS ANGELES CA 90036

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 97	**Type of Ownership:** PROPRIETARY	**Survey Date:** 07/10/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 95	**Medicare Residents:** 0	**Medicaid Residents:** 69

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	78	82.1	83.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	79	83.2	87.4	83.2
Toileting				
Residents requiring some or total assistance in toileting.	77	81.1	80.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	80	84.2	79.4	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	77	81.1	73.0	68.2
Residents on individually written bowel and bladder retraining program.	5	5.3	2.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	45	47.4	42.9	37.7
Completely bedfast residents.	1	1.1	3.8	3.4
Residents confined to chairs.	79	83.2	58.6	50.8
Residents requiring restraints.	51	53.7	45.3	41.3
Confused or disoriented residents.	76	80.0	60.6	58.4
Residents with bed sores.	16	16.8	8.8	7.1
Residents receiving special skin care.	4	4.2	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
KINGSLEY MANOR CONVALESCENT HOSPITAL

Street Address: 1055 N KINGSLEY DR		**City and State:** LOS ANGELES CA 90029	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 51	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 07/17/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 39	**Medicare Residents:** 0	**Medicaid Residents:** 0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	39	100	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	37	94.9	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	38	97.4	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	38	97.4	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	35	89.7	73.0	68.2
Residents on individually written bowel and bladder retraining program.	2	5.1	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	16	41.0	42.9	37.7
Completely bedfast residents.	3	7.7	3.8	3.4
Residents confined to chairs.	26	66.7	58.6	50.8
Residents requiring restraints.	16	41.0	45.3	41.3
Confused or disoriented residents.	34	87.2	60.6	58.4
Residents with bed sores.	4	10.3	8.8	7.1
Residents receiving special skin care.	2	5.1	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
LAKEWOOD MANOR NORTH CONVALESCENT HOME

Street Address: 831 S LAKE STREET	**City and State:** LOS ANGELES CA 90057

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 99	**Type of Ownership:** PROPRIETARY	**Survey Date:** 02/06/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 94	**Medicare Residents:** 0	**Medicaid Residents:** 91

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	45	47.9	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	85	90.4	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	85	90.4	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	85	90.4	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	65	69.1	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	75	79.8	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	70	74.5	58.6	50.8
Residents requiring restraints.	7	7.4	45.3	41.3
Confused or disoriented residents.	84	89.4	60.6	58.4
Residents with bed sores.	18	19.1	8.8	7.1
Residents receiving special skin care.	14	14.9	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
LONGWOOD MANOR SANITARIUM

Street Address: 4853 W WASHINGTON BOULEVARD	**City and State:** LOS ANGELES CA 90016

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 123	**Type of Ownership:** PROPRIETARY	**Survey Date:** 08/10/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 113	**Medicare Residents:** 1	**Medicaid Residents:** 99

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	73	64.6	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	103	91.2	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	82	72.6	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	69	61.1	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	58	51.3	73.0	68.2
Residents on individually written bowel and bladder retraining program.	2	1.8	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	25	22.1	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	80	70.8	58.6	50.8
Residents requiring restraints.	45	39.8	45.3	41.3
Confused or disoriented residents.	46	40.7	60.6	58.4
Residents with bed sores.	6	5.3	8.8	7.1
Residents receiving special skin care.	9	8.0	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MANCHESTER MANOR CONV HOSP

Street Address: 837 W. MANCHESTER AVE	**City and State:** LOS ANGELES CA 90011

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 49	**Type of Ownership:** PROPRIETARY	**Survey Date:** 02/06/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 45	**Medicare Residents:** 0	**Medicaid Residents:** 45

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	33	73.3	83.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	33	73.3	87.4	83.2
Toileting				
Residents requiring some or total assistance in toileting.	33	73.3	80.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	41	91.1	79.4	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	26	57.8	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	15	33.3	42.9	37.7
Completely bedfast residents.	5	11.1	3.8	3.4
Residents confined to chairs.	22	48.9	58.6	50.8
Residents requiring restraints.	14	31.1	45.3	41.3
Confused or disoriented residents.	28	62.2	60.6	58.4
Residents with bed sores.	5	11.1	8.8	7.1
Residents receiving special skin care.	6	13.3	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	NOT MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MANCHESTER MANOR CONVALESCENT HOSPITAL

Street Address: 837 W MANCHESTER BLVD	**City and State:** LOS ANGELES CA 90044

Participation: MEDICAID SNF/ICF	**# of Beds:** 49	**Type of Ownership:** PROPRIETARY	**Survey Date:** 11/16/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 46	**Medicare Residents:** 0	**Medicaid Residents:** 44

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	31	67.4	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	35	76.1	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	35	76.1	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	31	67.4	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	36	78.3	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	19	41.3	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	31	67.4	58.6	50.8
Residents requiring restraints.	16	34.8	45.3	41.3
Confused or disoriented residents.	25	54.3	60.6	58.4
Residents with bed sores.	5	10.9	8.8	7.1
Residents receiving special skin care.	30	65.2	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MAPLE CONVALESCENT HOSPITAL

Street Address: 2625 S MAPLE AVE		**City and State:** LOS ANGELES CA 90011	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 56	**Type of Ownership:** PROPRIETARY	**Survey Date:** 03/24/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
56	0	56

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	50	89.3	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	50	89.3	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	35	62.5	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	38	67.9	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	38	67.9	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	32	57.1	42.9	37.7
Completely bedfast residents.	6	10.7	3.8	3.4
Residents confined to chairs.	40	71.4	58.6	50.8
Residents requiring restraints.	21	37.5	45.3	41.3
Confused or disoriented residents.	26	46.4	60.6	58.4
Residents with bed sores.	2	3.6	8.8	7.1
Residents receiving special skin care.	10	17.9	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MEADOWBROOK MANOR SANITARIUM

Street Address: 3951 EAST BOULEVARD		**City and State:** LOS ANGELES CA 90066	
Participation: MEDICAID SNF	**# of Beds:** 77	**Type of Ownership:** PROPRIETARY	**Survey Date:** 07/22/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 77	**Medicare Residents:** 0	**Medicaid Residents:** 0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	77	100	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	75	97.4	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	77	100	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	77	100	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	25	32.5	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	75	97.4	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	0	0.0	58.6	50.8
Residents requiring restraints.	0	0.0	45.3	41.3
Confused or disoriented residents.	0	0.0	60.6	58.4
Residents with bed sores.	0	0.0	8.8	7.1
Residents receiving special skin care.	0	0.0	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MID-WILSHIRE CONVALESCENT HOSPITAL

Street Address: 676 SOUTH BONNIE BRAE STREET	**City and State:** LOS ANGELES CA 90057

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 80	**Type of Ownership:** PROPRIETARY	**Survey Date:** 03/01/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 73	**Medicare Residents:** 1	**Medicaid Residents:** 70

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	5	6.8	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	68	93.2	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	67	91.8	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	64	87.7	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	68	93.2	73.0	68.2
Residents on individually written bowel and bladder retraining program.	1	1.4	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	15	20.5	42.9	37.7
Completely bedfast residents.	1	1.4	3.8	3.4
Residents confined to chairs.	54	74.0	58.6	50.8
Residents requiring restraints.	49	67.1	45.3	41.3
Confused or disoriented residents.	61	83.6	60.6	58.4
Residents with bed sores.	9	12.3	8.8	7.1
Residents receiving special skin care.	14	19.2	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MINAMI KEIRO NURSING HOME

Street Address: 3619 NORTH MISSION ROAD		**City and State:** LOS ANGELES CA 90031	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 97	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 08/21/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
97	1	72

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	95	97.9	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	96	99.0	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	78	80.4	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	87	89.7	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	87	89.7	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	41	42.3	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	83	85.6	58.6	50.8
Residents requiring restraints.	3	3.1	45.3	41.3
Confused or disoriented residents.	73	75.3	60.6	58.4
Residents with bed sores.	5	5.2	8.8	7.1
Residents receiving special skin care.	13	13.4	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
NAZARETH HOUSE

Street Address: 3333 MANNING AVE	**City and State:** LOS ANGELES CA 90064

Participation: MEDICAID SNF/ICF	**# of Beds:** 20	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 03/15/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 19	**Medicare Residents:** 0	**Medicaid Residents:** 8

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	19	100	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	18	94.7	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	18	94.7	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	19	100	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	14	73.7	73.0	68.2
Residents on individually written bowel and bladder retraining program.	1	5.3	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	7	36.8	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	14	73.7	58.6	50.8
Residents requiring restraints.	5	26.3	45.3	41.3
Confused or disoriented residents.	9	47.4	60.6	58.4
Residents with bed sores.	0	0.0	8.8	7.1
Residents receiving special skin care.	19	100	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
OLYMPIA CONVALESCENT HOSPITAL

Street Address: 1100 S ALVARADO STREET		**City and State:** LOS ANGELES CA 90006	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 135	**Type of Ownership:** PROPRIETARY	**Survey Date:** 02/23/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
128	3	119

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	108	84.4	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	125	97.7	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	80	62.5	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	99	77.3	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	79	61.7	73.0	68.2
Residents on individually written bowel and bladder retraining program.	4	3.1	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	67	52.3	42.9	37.7
Completely bedfast residents.	1	0.8	3.8	3.4
Residents confined to chairs.	94	73.4	58.6	50.8
Residents requiring restraints.	52	40.6	45.3	41.3
Confused or disoriented residents.	82	64.1	60.6	58.4
Residents with bed sores.	5	3.9	8.8	7.1
Residents receiving special skin care.	18	14.1	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
PARADISE REHABILITATION HOSPITAL

Street Address: 2415 SOUTH WESTERN AVENUE	**City and State:** LOS ANGELES CA 90018

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 99	**Type of Ownership:** PROPRIETARY	**Survey Date:** 05/27/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 90	**Medicare Residents:** 3	**Medicaid Residents:** 83

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	88	97.8	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	85	94.4	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	67	74.4	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	68	75.6	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	53	58.9	73.0	68.2
Residents on individually written bowel and bladder retraining program.	3	3.3	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	21	23.3	42.9	37.7
Completely bedfast residents.	1	1.1	3.8	3.4
Residents confined to chairs.	84	93.3	58.6	50.8
Residents requiring restraints.	0	0.0	45.3	41.3
Confused or disoriented residents.	63	70.0	60.6	58.4
Residents with bed sores.	7	7.8	8.8	7.1
Residents receiving special skin care.	0	0.0	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
QUEEN OF ANGELS MEDICAL CENTER

Street Address: 2301 BELLEVUE AVENUE		**City and State:** LOS ANGELES CA 90026	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 31	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 03/24/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
29	10	18

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	27	93.1	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	27	93.1	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	27	93.1	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	26	89.7	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	26	89.7	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	21	72.4	42.9	37.7
Completely bedfast residents.	18	62.1	3.8	3.4
Residents confined to chairs.	4	13.8	58.6	50.8
Residents requiring restraints.	4	13.8	45.3	41.3
Confused or disoriented residents.	2	6.9	60.6	58.4
Residents with bed sores.	17	58.6	8.8	7.1
Residents receiving special skin care.	25	86.2	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
R G R SANITARIUM

Street Address: 12001 SANTA MONICA BOULEVARD	**City and State:** LOS ANGELES CA 90025

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 59	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/14/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 56	**Medicare Residents:** 0	**Medicaid Residents:** 51

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	51	91.1	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	45	80.4	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	39	69.6	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	38	67.9	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	41	73.2	73.0	68.2
Residents on individually written bowel and bladder retraining program.	1	1.8	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	18	32.1	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	19	33.9	58.6	50.8
Residents requiring restraints.	24	42.9	45.3	41.3
Confused or disoriented residents.	44	78.6	60.6	58.4
Residents with bed sores.	5	8.9	8.8	7.1
Residents receiving special skin care.	26	46.4	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
RANCHO DE VIDA CONVALESCENT HOSP.

Street Address: 5125 MONTE VISTA ST		**City and State:** LOS ANGELES CA 90042	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 59	**Type of Ownership:** PROPRIETARY	**Survey Date:** 11/20/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 54	**Medicare Residents:** 0	**Medicaid Residents:** 54

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	54	100	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	46	85.2	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	40	74.1	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	38	70.4	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	44	81.5	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	24	44.4	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	15	27.8	58.6	50.8
Residents requiring restraints.	30	55.6	45.3	41.3
Confused or disoriented residents.	29	53.7	60.6	58.4
Residents with bed sores.	4	7.4	8.8	7.1
Residents receiving special skin care.	20	37.0	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
RUBINS BRIERWOOD TERRACE

Street Address: 1480 S LA CIENEGA BLVD	**City and State:** LOS ANGELES CA 90035

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 41	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 10/14/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 38	**Medicare Residents:** 0	**Medicaid Residents:** 35

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	32	84.2	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	33	86.8	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	26	68.4	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	34	89.5	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	25	65.8	73.0	68.2
Residents on individually written bowel and bladder retraining program.	1	2.6	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	25	65.8	42.9	37.7
Completely bedfast residents.	1	2.6	3.8	3.4
Residents confined to chairs.	18	47.4	58.6	50.8
Residents requiring restraints.	12	31.6	45.3	41.3
Confused or disoriented residents.	15	39.5	60.6	58.4
Residents with bed sores.	5	13.2	8.8	7.1
Residents receiving special skin care.	38	100	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SERRANO CONV HOSP-NORTH

Street Address: 5401 FOUNTAIN AVE		**City and State:** LOS ANGELES CA 90029	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 99	**Type of Ownership:** PROPRIETARY	**Survey Date:** 01/26/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 89	**Medicare Residents:** 0	**Medicaid Residents:** 80

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	89	100	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	86	96.6	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	78	87.6	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	78	87.6	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	57	64.0	73.0	68.2
Residents on individually written bowel and bladder retraining program.	5	5.6	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	23	25.8	42.9	37.7
Completely bedfast residents.	2	2.2	3.8	3.4
Residents confined to chairs.	54	60.7	58.6	50.8
Residents requiring restraints.	5	5.6	45.3	41.3
Confused or disoriented residents.	8	9.0	60.6	58.4
Residents with bed sores.	0	0.0	8.8	7.1
Residents receiving special skin care.	20	22.5	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SERRANO CONVALESCENT HOSP - SOUTH

Street Address: 5400 FOUNTAIN AVE	**City and State:** LOS ANGELES CA 90029

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 99	**Type of Ownership:** PROPRIETARY	**Survey Date:** 11/05/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 94	**Medicare Residents:** 1	**Medicaid Residents:** 93

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	81	86.2	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	79	84.0	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	74	78.7	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	69	73.4	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	67	71.3	73.0	68.2
Residents on individually written bowel and bladder retraining program.	3	3.2	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	23	24.5	42.9	37.7
Completely bedfast residents.	4	4.3	3.8	3.4
Residents confined to chairs.	72	76.6	58.6	50.8
Residents requiring restraints.	40	42.6	45.3	41.3
Confused or disoriented residents.	53	56.4	60.6	58.4
Residents with bed sores.	11	11.7	8.8	7.1
Residents receiving special skin care.	19	20.2	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SHARON CONVALESCENT HOSPITAL

Street Address: 8167 W 3RD STREET		**City and State:** LOS ANGELES CA 90048	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 86	**Type of Ownership:** PROPRIETARY	**Survey Date:** 05/03/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 81	**Medicare Residents:** 6	**Medicaid Residents:** 40

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	81	100	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	75	92.6	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	76	93.8	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	76	93.8	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	66	81.5	73.0	68.2
Residents on individually written bowel and bladder retraining program.	2	2.5	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	31	38.3	42.9	37.7
Completely bedfast residents.	2	2.5	3.8	3.4
Residents confined to chairs.	63	77.8	58.6	50.8
Residents requiring restraints.	18	22.2	45.3	41.3
Confused or disoriented residents.	37	45.7	60.6	58.4
Residents with bed sores.	15	18.5	8.8	7.1
Residents receiving special skin care.	15	18.5	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SKYLINE CONV HOSP

Street Address: 3032 ROWENA AVE	**City and State:** LOS ANGELES CA 90039

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 99	**Type of Ownership:** PROPRIETARY	**Survey Date:** 07/28/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 82	**Medicare Residents:** 2	**Medicaid Residents:** 68

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	60	73.2	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	72	87.8	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	79	96.3	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	69	84.1	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	56	68.3	73.0	68.2
Residents on individually written bowel and bladder retraining program.	1	1.2	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	31	37.8	42.9	37.7
Completely bedfast residents.	3	3.7	3.8	3.4
Residents confined to chairs.	60	73.2	58.6	50.8
Residents requiring restraints.	52	63.4	45.3	41.3
Confused or disoriented residents.	64	78.0	60.6	58.4
Residents with bed sores.	25	30.5	8.8	7.1
Residents receiving special skin care.	30	36.6	29.7	31.2

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	NOT MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SOLHEIM LUTHERAN HOME

Street Address: 2236 MERTON AVE	**City and State:** LOS ANGELES CA 90041

Participation: MEDICAID SNF	**# of Beds:** 19	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 08/05/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 19	**Medicare Residents:** 0	**Medicaid Residents:** 8

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	19	100	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	17	89.5	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	12	63.2	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	11	57.9	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	19	100	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	12	63.2	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	7	36.8	58.6	50.8
Residents requiring restraints.	0	0.0	45.3	41.3
Confused or disoriented residents.	18	94.7	60.6	58.4
Residents with bed sores.	0	0.0	8.8	7.1
Residents receiving special skin care.	3	15.8	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SPARR CONVALESCENT HOSPITAL

Street Address: 2367 W PICO BOULEVARD		**City and State:** LOS ANGELES CA 90006	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 59	**Type of Ownership:** PROPRIETARY	**Survey Date:** 05/23/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
58	0	46

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	41	70.7	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	45	77.6	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	44	75.9	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	44	75.9	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	42	72.4	73.0	68.2
Residents on individually written bowel and bladder retraining program.	1	1.7	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	11	19.0	42.9	37.7
Completely bedfast residents.	1	1.7	3.8	3.4
Residents confined to chairs.	41	70.7	58.6	50.8
Residents requiring restraints.	29	50.0	45.3	41.3
Confused or disoriented residents.	40	69.0	60.6	58.4
Residents with bed sores.	6	10.3	8.8	7.1
Residents receiving special skin care.	9	15.5	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ST JOHN OF GOD NURSING HOSPITAL

Street Address: 2035 W ADAMS BOULEVARD	**City and State:** LOS ANGELES CA 90018

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 104	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 05/04/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 98	**Medicare Residents:** 2	**Medicaid Residents:** 29

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	57	58.2	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	93	94.9	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	89	90.8	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	85	86.7	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	98	100	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	27	27.6	42.9	37.7
Completely bedfast residents.	3	3.1	3.8	3.4
Residents confined to chairs.	53	54.1	58.6	50.8
Residents requiring restraints.	40	40.8	45.3	41.3
Confused or disoriented residents.	70	71.4	60.6	58.4
Residents with bed sores.	5	5.1	8.8	7.1
Residents receiving special skin care.	28	28.6	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facilit was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SUNNYVIEW CONVALESCENT CTR

Street Address: 2000 W WASHINGTON BLVD		**City and State:** LOS ANGELES CA 90018	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 93	**Type of Ownership:** PROPRIETARY	**Survey Date:** 02/19/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 82	**Medicare Residents:** 2	**Medicaid Residents:** 74

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	66	80.5	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	63	76.8	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	63	76.8	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	63	76.8	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	54	65.9	73.0	68.2
Residents on individually written bowel and bladder retraining program.	2	2.4	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	25	30.5	42.9	37.7
Completely bedfast residents.	4	4.9	3.8	3.4
Residents confined to chairs.	47	57.3	58.6	50.8
Residents requiring restraints.	52	63.4	45.3	41.3
Confused or disoriented residents.	69	84.1	60.6	58.4
Residents with bed sores.	10	12.2	8.8	7.1
Residents receiving special skin care.	82	100	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	NOT MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SUNRAY EAST CONVALESCENT HOSPITAL

Street Address: 3210 W PICO BOULEVARD		**City and State:** LOS ANGELES CA 90019	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 99	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/07/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 93	**Medicare Residents:** 1	**Medicaid Residents:** 74

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	70	75.3	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	88	94.6	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	79	84.9	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	79	84.9	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	92	98.9	73.0	68.2
Residents on individually written bowel and bladder retraining program.	6	6.5	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	29	31.2	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	79	84.9	58.6	50.8
Residents requiring restraints.	53	57.0	45.3	41.3
Confused or disoriented residents.	55	59.1	60.6	58.4
Residents with bed sores.	16	17.2	8.8	7.1
Residents receiving special skin care.	60	64.5	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SYCAMORE PARK CONVALESCENT HOSPITAL

Street Address: 4585 N FIGUEROA STREET		**City and State:** LOS ANGELES CA 90065	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 90	**Type of Ownership:** PROPRIETARY	**Survey Date:** 08/03/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 86	**Medicare Residents:** 5	**Medicaid Residents:** 75

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	78	90.7	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	76	88.4	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	56	65.1	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	56	65.1	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	56	65.1	73.0	68.2
Residents on individually written bowel and bladder retraining program.	1	1.2	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	56	65.1	42.9	37.7
Completely bedfast residents.	2	2.3	3.8	3.4
Residents confined to chairs.	66	76.7	58.6	50.8
Residents requiring restraints.	45	52.3	45.3	41.3
Confused or disoriented residents.	67	77.9	60.6	58.4
Residents with bed sores.	5	5.8	8.8	7.1
Residents receiving special skin care.	0	0.0	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	NOT MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
TEMPLE PARK CONV HOSP

Street Address: 2411 W TEMPLE ST		**City and State:** LOS ANGELES CA 90026	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 99	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/06/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 96	**Medicare Residents:** 2	**Medicaid Residents:** 1

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	90	93.8	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	94	97.9	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	90	93.8	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	86	89.6	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	73	76.0	73.0	68.2
Residents on individually written bowel and bladder retraining program.	2	2.1	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	82	85.4	42.9	37.7
Completely bedfast residents.	3	3.1	3.8	3.4
Residents confined to chairs.	83	86.5	58.6	50.8
Residents requiring restraints.	83	86.5	45.3	41.3
Confused or disoriented residents.	90	93.8	60.6	58.4
Residents with bed sores.	3	3.1	8.8	7.1
Residents receiving special skin care.	24	25.0	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a acility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REOUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through ubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical unctioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on he recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging n normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
solation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available rom the State survey agency or the State ombudsman.

NURSING HOME PROFILE
VERMONT KNOLLS CONVALESCENT HOSPITAL

Street Address: 11234 S VERMONT AVENUE	**City and State:** LOS ANGELES CA 90044

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 99	**Type of Ownership:** PROPRIETARY	**Survey Date:** 06/30/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 92	**Medicare Residents:** 0	**Medicaid Residents:** 86

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY #	FACILITY %	STATE %	NATION %
Bathing Residents requiring some or total assistance in bathing.	69	75.0	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	92	100	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	85	92.4	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	85	92.4	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	62	67.4	73.0	68.2
Residents on individually written bowel and bladder retraining program.	3	3.3	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	28	30.4	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	61	66.3	58.6	50.8
Residents requiring restraints.	41	44.6	45.3	41.3
Confused or disoriented residents.	60	65.2	60.6	58.4
Residents with bed sores.	1	1.1	8.8	7.1
Residents receiving special skin care.	10	10.9	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
VERNON CONVALESCENT HOSPITAL

Street Address: 1037 W VERNON AVENUE		**City and State:** LOS ANGELES CA 90037	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 99	**Type of Ownership:** PROPRIETARY	**Survey Date:** 05/06/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 96	**Medicare Residents:** 1	**Medicaid Residents:** 90

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	93	96.9	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	93	96.9	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	88	91.7	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	86	89.6	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	81	84.4	73.0	68.2
Residents on individually written bowel and bladder retraining program.	2	2.1	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	38	39.6	42.9	37.7
Completely bedfast residents.	1	1.0	3.8	3.4
Residents confined to chairs.	75	78.1	58.6	50.8
Residents requiring restraints.	1	1.0	45.3	41.3
Confused or disoriented residents.	60	62.5	60.6	58.4
Residents with bed sores.	7	7.3	8.8	7.1
Residents receiving special skin care.	13	13.5	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence o deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
VIEW HEIGHTS CONVALESCENT HOSPITAL

Street Address: 12619 S AVALON BLVD		**City and State:** LOS ANGELES CA 90061	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 163	**Type of Ownership:** PROPRIETARY	**Survey Date:** 11/30/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
157	0	151

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	89	56.7	83.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	127	80.9	87.4	83.2
Toileting				
Residents requiring some or total assistance in toileting.	59	37.6	80.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	68	43.3	79.4	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	40	25.5	73.0	68.2
Residents on individually written bowel and bladder retraining program.	3	1.9	2.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	16	10.2	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	33	21.0	58.6	50.8
Residents requiring restraints.	40	25.5	45.3	41.3
Confused or disoriented residents.	140	89.2	60.6	58.4
Residents with bed sores.	1	0.6	8.8	7.1
Residents receiving special skin care.	6	3.8	29.7	31.2

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
VIEW PARK CONV CTR

Street Address: 3737 DON FELIPE DRIVE		**City and State:** LOS ANGELES CA 90008	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 99	**Type of Ownership:** PROPRIETARY	**Survey Date:** 04/20/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 99	**Medicare Residents:** 3	**Medicaid Residents:** 84

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	66	66.7	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	89	89.9	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	84	84.8	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	76	76.8	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	88	88.9	73.0	68.2
Residents on individually written bowel and bladder retraining program.	2	2.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	33	33.3	42.9	37.7
Completely bedfast residents.	1	1.0	3.8	3.4
Residents confined to chairs.	65	65.7	58.6	50.8
Residents requiring restraints.	25	25.3	45.3	41.3
Confused or disoriented residents.	46	46.5	60.6	58.4
Residents with bed sores.	14	14.1	8.8	7.1
Residents receiving special skin care.	22	22.2	29.7	31.2

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
VIRGIL SANITARIUM AND CONV HOSP

Street Address: 975 N VIRGIL AVENUE		**City and State:** LOS ANGELES CA 90029	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 124	**Type of Ownership:** PROPRIETARY	**Survey Date:** 12/04/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
115	2	92

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	108	93.9	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	112	97.4	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	93	80.9	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	86	74.8	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	83	72.2	73.0	68.2
Residents on individually written bowel and bladder retraining program.	3	2.6	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	38	33.0	42.9	37.7
Completely bedfast residents.	2	1.7	3.8	3.4
Residents confined to chairs.	89	77.4	58.6	50.8
Residents requiring restraints.	65	56.5	45.3	41.3
Confused or disoriented residents.	65	56.5	60.6	58.4
Residents with bed sores.	17	14.8	8.8	7.1
Residents receiving special skin care.	5	4.3	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
VISTA DEL MAR CARE CTR

Street Address: 11620 WEST WASHINGTON BOULEVARD	**City and State:** LOS ANGELES CA 90066

Participation: MEDICARE SNF	**# of Beds:** 50	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/21/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 42	**Medicare Residents:** 42	**Medicaid Residents:** 0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	35	83.3	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	41	97.6	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	42	100	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	36	85.7	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	38	90.5	73.0	68.2
Residents on individually written bowel and bladder retraining program.	1	2.4	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	30	71.4	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	39	92.9	58.6	50.8
Residents requiring restraints.	21	50.0	45.3	41.3
Confused or disoriented residents.	34	81.0	60.6	58.4
Residents with bed sores.	4	9.5	8.8	7.1
Residents receiving special skin care.	8	19.0	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
WASHINGTON NURSING AND CONV HOME

Street Address: 2300 WEST WASHINGTON BOULEVARD	**City and State:** LOS ANGELES CA 90018

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 59	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 03/08/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 56	**Medicare Residents:** 0	**Medicaid Residents:** 53

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	50	89.3	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	50	89.3	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	39	69.6	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	38	67.9	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	38	67.9	73.0	68.2
Residents on individually written bowel and bladder retraining program.	1	1.8	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	13	23.2	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	37	66.1	58.6	50.8
Residents requiring restraints.	17	30.4	45.3	41.3
Confused or disoriented residents.	36	64.3	60.6	58.4
Residents with bed sores.	8	14.3	8.8	7.1
Residents receiving special skin care.	0	0.0	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	NOT MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
WESTERN CONVALESCENT HOSPITAL

Street Address: 2190 WEST ADAMS BOULEVARD	**City and State:** LOS ANGELES CA 90018

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 129	**Type of Ownership:** PROPRIETARY	**Survey Date:** 08/14/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 108	**Medicare Residents:** 0	**Medicaid Residents:** 0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	99	91.7	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	100	92.6	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	84	77.8	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	70	64.8	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	86	79.6	73.0	68.2
Residents on individually written bowel and bladder retraining program.	3	2.8	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	88	81.5	42.9	37.7
Completely bedfast residents.	13	12.0	3.8	3.4
Residents confined to chairs.	69	63.9	58.6	50.8
Residents requiring restraints.	43	39.8	45.3	41.3
Confused or disoriented residents.	106	98.1	60.6	58.4
Residents with bed sores.	10	9.3	8.8	7.1
Residents receiving special skin care.	108	100	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
WESTLAKE CONVALESCENT HOSPITAL

Street Address: 316 S WESTLAKE AVENUE		**City and State:** LOS ANGELES CA 90057	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 114	**Type of Ownership:** PROPRIETARY	**Survey Date:** 03/25/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
101	5	89

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	83	82.2	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	100	99.0	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	98	97.0	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	98	97.0	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	80	79.2	73.0	68.2
Residents on individually written bowel and bladder retraining program.	2	2.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	57	56.4	42.9	37.7
Completely bedfast residents.	4	4.0	3.8	3.4
Residents confined to chairs.	95	94.1	58.6	50.8
Residents requiring restraints.	65	64.4	45.3	41.3
Confused or disoriented residents.	60	59.4	60.6	58.4
Residents with bed sores.	15	14.9	8.8	7.1
Residents receiving special skin care.	28	27.7	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
WESTSIDE HEALTH CARE

Street Address: 1020 SOUTH FAIRFAX AVE		**City and State:** LOS ANGELES CA 90019	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 120	**Type of Ownership:** PROPRIETARY	**Survey Date:** 11/23/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 95	**Medicare Residents:** 5	**Medicaid Residents:** 68

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	85	89.5	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	92	96.8	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	86	90.5	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	79	83.2	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	80	84.2	73.0	68.2
Residents on individually written bowel and bladder retraining program.	4	4.2	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	47	49.5	42.9	37.7
Completely bedfast residents.	5	5.3	3.8	3.4
Residents confined to chairs.	83	87.4	58.6	50.8
Residents requiring restraints.	54	56.8	45.3	41.3
Confused or disoriented residents.	62	65.3	60.6	58.4
Residents with bed sores.	32	33.7	8.8	7.1
Residents receiving special skin care.	45	47.4	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
WILSHIRE CARE CENTER

Street Address: 915 S CRENSHAW BOULEVARD	**City and State:** LOS ANGELES CA 90019

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 98	**Type of Ownership:** PROPRIETARY	**Survey Date:** 07/02/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 95	**Medicare Residents:** 3	**Medicaid Residents:** 85

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	82	86.3	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	86	90.5	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	69	72.6	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	68	71.6	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	60	63.2	73.0	68.2
Residents on individually written bowel and bladder retraining program.	1	1.1	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	33	34.7	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	58	61.1	58.6	50.8
Residents requiring restraints.	37	38.9	45.3	41.3
Confused or disoriented residents.	43	45.3	60.6	58.4
Residents with bed sores.	27	28.4	8.8	7.1
Residents receiving special skin care.	47	49.5	29.7	31.2

SELECTED PERFORMANCE INDICATORS

Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a lan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of eficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility as deficient in the indicated area at the time of the survey.

eminder: These 32 selected performance indicators do not represent all the requirements a acility must meet. There are over 500 separate requirements. The information presented elow does not reflect the severity or the duration of the problems leading to a deficiency. A eficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
he facility ensures that its written procedures regarding the rights and esponsibilities of residents are followed.	MET	27	2.2	201	2.1
he facility uses a system that assures full and complete accounting of residents' ersonal funds. An accounting report is made to each resident in a skilled nursing acility every three months.	MET	147	12.2	518	5.5
ach resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
rugs to control behavior and physical restraints are only used when authorized by a hysician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
ach resident is given privacy during treatment and care of personal needs.	NOT MET	314	26.1	1618	17.1
ach resident is allowed to communicate, associate and meet privately with ndividuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
ach resident is allowed to retain and use his/her personal possessions and clothing s space permits.	MET	120	10.0	205	2.2
xcept in a medical emergency, a resident is not transferred or discharged, nor is reatment changed radically, without consultation with the resident or, if the resident incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
he facility ensures that the health care of each resident is under the continuing upervision of a physician.	MET	12	1.0	145	1.5
mergency services from a physician are available and provided to each resident ho requires emergency care.	MET	16	1.3	49	0.5
ursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
ach resident receives daily personal hygiene as needed to assure cleanliness, good kin care, good grooming, and oral hygiene taking into account individual references. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
ach resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
ach resident with a bed sore receives care necessary to promote the healing of the ed sore including proper dressing.	MET	215	17.9	1052	11.1
ach resident who has problems with bowel and bladder control is provided with are necessary to encourage self control, including frequent toileting and pportunities for rehabilitative training.	MET	257	21.4	1512	16.0
ach resident with a urinary catheter receives proper routine care, including periodic valuation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
LOS BANOS CONV HOSP

Street Address: 931 IDAHO AV		**City and State:** LOS BANOS CA 93635	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 59	**Type of Ownership:** PROPRIETARY	**Survey Date:** 05/13/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 58	**Medicare Residents:** 0	**Medicaid Residents:** 40

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	57	98.3	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	54	93.1	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	48	82.8	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	46	79.3	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	49	84.5	73.0	68.2
Residents on individually written bowel and bladder retraining program.	2	3.4	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	18	31.0	42.9	37.7
Completely bedfast residents.	1	1.7	3.8	3.4
Residents confined to chairs.	45	77.6	58.6	50.8
Residents requiring restraints.	16	27.6	45.3	41.3
Confused or disoriented residents.	39	67.2	60.6	58.4
Residents with bed sores.	2	3.4	8.8	7.1
Residents receiving special skin care.	5	8.6	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading tc a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BETHESDA MANOR AND CONV CTR

Street Address: 371 LOS GATOS BLVD		**City and State:** LOS GATOS CA 95030	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 124	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 08/11/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
124	1	107

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	102	82.3	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	104	83.9	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	110	88.7	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	109	87.9	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	83	66.9	73.0	68.2
Residents on individually written bowel and bladder retraining program.	28	22.6	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	64	51.6	42.9	37.7
Completely bedfast residents.	4	3.2	3.8	3.4
Residents confined to chairs.	68	54.8	58.6	50.8
Residents requiring restraints.	67	54.0	45.3	41.3
Confused or disoriented residents.	55	44.4	60.6	58.4
Residents with bed sores.	8	6.5	8.8	7.1
Residents receiving special skin care.	48	38.7	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
GEM CONV HOSP

Street Address: 15245 NATIONAL AVE	**City and State:** LOS GATOS CA 95030

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 66	**Type of Ownership:** PROPRIETARY	**Survey Date:** 08/27/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 64	**Medicare Residents:** 0	**Medicaid Residents:** 51

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	58	90.6	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	64	100	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	58	90.6	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	55	85.9	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	54	84.4	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	24	37.5	42.9	37.7
Completely bedfast residents.	1	1.6	3.8	3.4
Residents confined to chairs.	27	42.2	58.6	50.8
Residents requiring restraints.	6	9.4	45.3	41.3
Confused or disoriented residents.	64	100	60.6	58.4
Residents with bed sores.	3	4.7	8.8	7.1
Residents receiving special skin care.	4	6.3	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging n normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
solation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
he facility has available at all times a quantity of linen essential for proper care and omfort of residents.	MET	238	19.8	700	7.4
ood is stored, refrigerated, prepared, distributed, and served under sanitary onditions.	MET	536	44.6	4050	42.8

eminder: The results of the full survey are available
om the State survey agency or the State ombudsman.

NURSING HOME PROFILE
LARK MANOR CONV HOSP

Street Address: 16605 LARK AVE		**City and State:** LOS GATOS CA 95030	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 30	**Type of Ownership:** PROPRIETARY	**Survey Date:** 06/25/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
29	0	24

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	26	89.7	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	26	89.7	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	24	82.8	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	24	82.8	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	22	75.9	73.0	68.2
Residents on individually written bowel and bladder retraining program.	1	3.4	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	24	82.8	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	12	41.4	58.6	50.8
Residents requiring restraints.	18	62.1	45.3	41.3
Confused or disoriented residents.	20	69.0	60.6	58.4
Residents with bed sores.	1	3.4	8.8	7.1
Residents receiving special skin care.	12	41.4	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	NOT MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
LOS GATOS CONVALECENT HOSPITAL

Street Address: 16412 LOS GATOS BLVD		**City and State:** LOS GATOS CA 95030	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 50	**Type of Ownership:** PROPRIETARY	**Survey Date:** 07/17/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 45	**Medicare Residents:** 4	**Medicaid Residents:** 28

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	35	77.8	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	42	93.3	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	34	75.6	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	38	84.4	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	34	75.6	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	21	46.7	42.9	37.7
Completely bedfast residents.	7	15.6	3.8	3.4
Residents confined to chairs.	29	64.4	58.6	50.8
Residents requiring restraints.	22	48.9	45.3	41.3
Confused or disoriented residents.	25	55.6	60.6	58.4
Residents with bed sores.	2	4.4	8.8	7.1
Residents receiving special skin care.	9	20.0	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	NOT MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
LOS GATOS MEADOWS GERIATRIC HOSP

Street Address: 110 WOOD RD		**City and State:** LOS GATOS CA 95030	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 39	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 10/08/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
35	0	0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	35	100	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	34	97.1	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	30	85.7	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	35	100	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	31	88.6	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	13	37.1	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	12	34.3	58.6	50.8
Residents requiring restraints.	0	0.0	45.3	41.3
Confused or disoriented residents.	6	17.1	60.6	58.4
Residents with bed sores.	0	0.0	8.8	7.1
Residents receiving special skin care.	20	57.1	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
OAK MEADOWS NURSING CENTER

Street Address: 350 DESOTO DR	**City and State:** LOS GATOS CA 95030

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 73	**Type of Ownership:** PROPRIETARY	**Survey Date:** 04/22/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 51	**Medicare Residents:** 0	**Medicaid Residents:** 31

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	42	82.4	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	48	94.1	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	47	92.2	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	47	92.2	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	51	100	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	19	37.3	42.9	37.7
Completely bedfast residents.	1	2.0	3.8	3.4
Residents confined to chairs.	27	52.9	58.6	50.8
Residents requiring restraints.	34	66.7	45.3	41.3
Confused or disoriented residents.	36	70.6	60.6	58.4
Residents with bed sores.	5	9.8	8.8	7.1
Residents receiving special skin care.	24	47.1	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
TERRENO GARDENS SKILLED CARE

Street Address: 14966 TERRENO DE FLORES LANE		**City and State:** LOS GATOS CA 95030	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 65	**Type of Ownership:** PROPRIETARY	**Survey Date:** 03/29/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 57	**Medicare Residents:** 4	**Medicaid Residents:** 39

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	55	96.5	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	54	94.7	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	55	96.5	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	53	93.0	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	42	73.7	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	26	45.6	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	56	98.2	58.6	50.8
Residents requiring restraints.	38	66.7	45.3	41.3
Confused or disoriented residents.	35	61.4	60.6	58.4
Residents with bed sores.	5	8.8	8.8	7.1
Residents receiving special skin care.	23	40.4	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	NOT MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SIERRA VALLEY DIST HOSP

Street Address: 309 W THIRD ST	**City and State:** LOYALTON CA 96118

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 34	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 07/14/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 1	**Medicare Residents:** 0	**Medicaid Residents:** 0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	1	100	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	1	100	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	1	100	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	1	100	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	1	100	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	1	100	42.9	37.7
Completely bedfast residents.	1	100	3.8	3.4
Residents confined to chairs.	0	0.0	58.6	50.8
Residents requiring restraints.	0	0.0	45.3	41.3
Confused or disoriented residents.	1	100	60.6	58.4
Residents with bed sores.	0	0.0	8.8	7.1
Residents receiving special skin care.	0	0.0	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
COMMUNITY CONV HOSP

Street Address: 3611 IMPERIAL HWY	**City and State:** LYNWOOD CA 90262

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 99	**Type of Ownership:** PROPRIETARY	**Survey Date:** 03/10/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 88	**Medicare Residents:** 3	**Medicaid Residents:** 70

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	82	93.2	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	82	93.2	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	80	90.9	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	82	93.2	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	42	47.7	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	40	45.5	42.9	37.7
Completely bedfast residents.	2	2.3	3.8	3.4
Residents confined to chairs.	5	5.7	58.6	50.8
Residents requiring restraints.	34	38.6	45.3	41.3
Confused or disoriented residents.	34	38.6	60.6	58.4
Residents with bed sores.	9	10.2	8.8	7.1
Residents receiving special skin care.	14	15.9	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	NOT MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MAJESTIC CONVALESCENT CTR

Street Address: 3565 E IMPERIAL HWY		**City and State:** LYNWOOD CA 90262	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 98	**Type of Ownership:** PROPRIETARY	**Survey Date:** 02/21/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
78	2	74

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	73	93.6	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	70	89.7	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	60	76.9	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	60	76.9	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	49	62.8	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	35	44.9	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	60	76.9	58.6	50.8
Residents requiring restraints.	8	10.3	45.3	41.3
Confused or disoriented residents.	60	76.9	60.6	58.4
Residents with bed sores.	3	3.8	8.8	7.1
Residents receiving special skin care.	3	3.8	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MARLINDA NURSING HOME

Street Address: 3615 E IMPERIAL HIGHWAY		**City and State:** LYNWOOD CA 90262	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 130	**Type of Ownership:** PROPRIETARY	**Survey Date:** 05/17/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
126	1	109

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	120	95.2	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	110	87.3	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	100	79.4	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	100	79.4	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	98	77.8	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	46	36.5	42.9	37.7
Completely bedfast residents.	10	7.9	3.8	3.4
Residents confined to chairs.	86	68.3	58.6	50.8
Residents requiring restraints.	51	40.5	45.3	41.3
Confused or disoriented residents.	71	56.3	60.6	58.4
Residents with bed sores.	11	8.7	8.8	7.1
Residents receiving special skin care.	70	55.6	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ST FRANCIS MEDICAL CENTER

Street Address: 3630 IMPERIAL HIGHWAY		**City and State:** LYNWOOD CA 90262	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 30	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 11/10/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 15	**Medicare Residents:** 15	**Medicaid Residents:** 0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	14	93.3	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	14	93.3	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	14	93.3	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	14	93.3	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	14	93.3	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	6	40.0	42.9	37.7
Completely bedfast residents.	2	13.3	3.8	3.4
Residents confined to chairs.	10	66.7	58.6	50.8
Residents requiring restraints.	0	0.0	45.3	41.3
Confused or disoriented residents.	8	53.3	60.6	58.4
Residents with bed sores.	4	26.7	8.8	7.1
Residents receiving special skin care.	4	26.7	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MADERA COMM HOSP

Street Address: 1250 E ALMOND AVE	**City and State:** MADERA CA 93639

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 16	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 10/15/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 16	**Medicare Residents:** 4	**Medicaid Residents:** 11

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	16	100	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	16	100	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	16	100	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	16	100	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	16	100	73.0	68.2
Residents on individually written bowel and bladder retraining program.	3	18.8	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	11	68.8	42.9	37.7
Completely bedfast residents.	4	25.0	3.8	3.4
Residents confined to chairs.	5	31.3	58.6	50.8
Residents requiring restraints.	2	12.5	45.3	41.3
Confused or disoriented residents.	5	31.3	60.6	58.4
Residents with bed sores.	2	12.5	8.8	7.1
Residents receiving special skin care.	5	31.3	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MADERA REHAB AND CONV CTR

Street Address: 517 SOUTH A ST	**City and State:** MADERA CA 93637

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 176	**Type of Ownership:** PROPRIETARY	**Survey Date:** 05/13/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 140	**Medicare Residents:** 8	**Medicaid Residents:** 87

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	119	85.0	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	130	92.9	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	118	84.3	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	125	89.3	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	114	81.4	73.0	68.2
Residents on individually written bowel and bladder retraining program.	6	4.3	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	56	40.0	42.9	37.7
Completely bedfast residents.	16	11.4	3.8	3.4
Residents confined to chairs.	77	55.0	58.6	50.8
Residents requiring restraints.	72	51.4	45.3	41.3
Confused or disoriented residents.	90	64.3	60.6	58.4
Residents with bed sores.	10	7.1	8.8	7.1
Residents receiving special skin care.	33	23.6	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	NOT MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
WESTGATE MANOR CONV HOSP

Street Address: 1700 HOWARD RD		**City and State:** MADERA CA 93637	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 64	**Type of Ownership:** PROPRIETARY	**Survey Date:** 02/02/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
64	0	59

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	54	84.4	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	57	89.1	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	48	75.0	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	51	79.7	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	51	79.7	73.0	68.2
Residents on individually written bowel and bladder retraining program.	1	1.6	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	36	56.3	42.9	37.7
Completely bedfast residents.	8	12.5	3.8	3.4
Residents confined to chairs.	42	65.6	58.6	50.8
Residents requiring restraints.	36	56.3	45.3	41.3
Confused or disoriented residents.	41	64.1	60.6	58.4
Residents with bed sores.	3	4.7	8.8	7.1
Residents receiving special skin care.	50	78.1	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CARE WEST MANTECA NURSING & REHAB. CTR

Street Address: 410 EASTWOOD AVE		**City and State:** MANTECA CA 95336	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 99	**Type of Ownership:** PROPRIETARY	**Survey Date:** 12/30/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
94	1	64

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	71	75.5	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	81	86.2	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	70	74.5	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	76	80.9	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	69	73.4	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	39	41.5	42.9	37.7
Completely bedfast residents.	1	1.1	3.8	3.4
Residents confined to chairs.	43	45.7	58.6	50.8
Residents requiring restraints.	44	46.8	45.3	41.3
Confused or disoriented residents.	55	58.5	60.6	58.4
Residents with bed sores.	8	8.5	8.8	7.1
Residents receiving special skin care.	12	12.8	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
PALM HAVEN CONV HOSP

Street Address: 469 E NORTH ST	**City and State:** MANTECA CA 95336

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 99	**Type of Ownership:** PROPRIETARY	**Survey Date:** 04/16/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 95	**Medicare Residents:** 0	**Medicaid Residents:** 83

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	83	87.4	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	83	87.4	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	82	86.3	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	82	86.3	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	68	71.6	73.0	68.2
Residents on individually written bowel and bladder retraining program.	2	2.1	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	40	42.1	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	77	81.1	58.6	50.8
Residents requiring restraints.	50	52.6	45.3	41.3
Confused or disoriented residents.	52	54.7	60.6	58.4
Residents with bed sores.	5	5.3	8.8	7.1
Residents receiving special skin care.	12	12.6	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
JOHN C FREMONT HOSPITAL

Street Address: 5189 HOSPITAL RD	**City and State:** MARIPOSA CA 95338

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 10	**Type of Ownership:** LOCAL GOVERNMENT	**Survey Date:** 10/03/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 10	**Medicare Residents:** 0	**Medicaid Residents:** 10

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	10	100	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	10	100	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	10	100	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	10	100	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	10	100	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	4	40.0	42.9	37.7
Completely bedfast residents.	1	10.0	3.8	3.4
Residents confined to chairs.	10	100	58.6	50.8
Residents requiring restraints.	5	50.0	45.3	41.3
Confused or disoriented residents.	5	50.0	60.6	58.4
Residents with bed sores.	0	0.0	8.8	7.1
Residents receiving special skin care.	3	30.0	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ALHAMBRA CONVALESCENT HOSPITAL

Street Address:	**City and State:**
33L ILENE STREET	MARTINEZ CA 94553

Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF	42	PROPRIETARY	11/25/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
9	0	0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	9	100	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	9	100	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	9	100	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	9	100	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	9	100	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	8	88.9	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	6	66.7	58.6	50.8
Residents requiring restraints.	9	100	45.3	41.3
Confused or disoriented residents.	9	100	60.6	58.4
Residents with bed sores.	0	0.0	8.8	7.1
Residents receiving special skin care.	2	22.2	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MARTINEZ CONVALESCENT HOSPITAL

Street Address: 4110 ALHAMBRA WAY

City and State: MARTINEZ CA 94553

Participation: MEDICAID SNF

# of Beds: 36

Type of Ownership: PROPRIETARY

Survey Date: 11/20/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 35

Medicare Residents: 0

Medicaid Residents: 27

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	34	97.1	83.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	32	91.4	87.4	83.2
Toileting				
Residents requiring some or total assistance in toileting.	32	91.4	80.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	35	100	79.4	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	35	100	73.0	68.2
Residents on individually written bowel and bladder retraining program.	1	2.9	2.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	13	37.1	42.9	37.7
Completely bedfast residents.	3	8.6	3.8	3.4
Residents confined to chairs.	32	91.4	58.6	50.8
Residents requiring restraints.	24	68.6	45.3	41.3
Confused or disoriented residents.	35	100	60.6	58.4
Residents with bed sores.	1	2.9	8.8	7.1
Residents receiving special skin care.	12	34.3	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	NOT MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MARYSVILLE CONV HOSP

Street Address: 1617 RAMIREZ ST	**City and State:** MARYSVILLE CA 95901

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 86	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 09/30/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 84	**Medicare Residents:** 1	**Medicaid Residents:** 60

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	67	79.8	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	77	91.7	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	72	85.7	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	71	84.5	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	60	71.4	73.0	68.2
Residents on individually written bowel and bladder retraining program.	1	1.2	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	36	42.9	42.9	37.7
Completely bedfast residents.	2	2.4	3.8	3.4
Residents confined to chairs.	66	78.6	58.6	50.8
Residents requiring restraints.	38	45.2	45.3	41.3
Confused or disoriented residents.	46	54.8	60.6	58.4
Residents with bed sores.	4	4.8	8.8	7.1
Residents receiving special skin care.	40	47.6	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
RIDEOUT MEMORIAL HOSPITAL

Street Address: 726 4TH ST		**City and State:** MARYSVILLE CA 95901	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 15	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 10/13/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 1	**Medicare Residents:** 0	**Medicaid Residents:** 0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	1	100	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	1	100	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	1	100	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	1	100	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	1	100	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	1	100	42.9	37.7
Completely bedfast residents.	1	100	3.8	3.4
Residents confined to chairs.	0	0.0	58.6	50.8
Residents requiring restraints.	0	0.0	45.3	41.3
Confused or disoriented residents.	1	100	60.6	58.4
Residents with bed sores.	0	0.0	8.8	7.1
Residents receiving special skin care.	0	0.0	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
PINE CREST CONV HOSP

Street Address: 6025 PINE AVE		**City and State:** MAYWOOD CA 90270	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 133	**Type of Ownership:** PROPRIETARY	**Survey Date:** 04/06/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
116	0	0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	116	100	83.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	112	96.6	87.4	83.2
Toileting				
Residents requiring some or total assistance in toileting.	112	96.6	80.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	116	100	79.4	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	99	85.3	73.0	68.2
Residents on individually written bowel and bladder retraining program.	2	1.7	2.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	71	61.2	42.9	37.7
Completely bedfast residents.	2	1.7	3.8	3.4
Residents confined to chairs.	82	70.7	58.6	50.8
Residents requiring restraints.	103	88.8	45.3	41.3
Confused or disoriented residents.	22	19.0	60.6	58.4
Residents with bed sores.	7	6.0	8.8	7.1
Residents receiving special skin care.	116	100	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
COLLEGE PARK CONV HOSP

Street Address: 1275 CRANE ST	**City and State:** MENLO PARK CA 94025

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 160	**Type of Ownership:** PROPRIETARY	**Survey Date:** 01/21/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 155	**Medicare Residents:** 2	**Medicaid Residents:** 119

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	150	96.8	83.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	139	89.7	87.4	83.2
Toileting				
Residents requiring some or total assistance in toileting.	75	48.4	80.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	106	68.4	79.4	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	107	69.0	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	63	40.6	42.9	37.7
Completely bedfast residents.	4	2.6	3.8	3.4
Residents confined to chairs.	87	56.1	58.6	50.8
Residents requiring restraints.	58	37.4	45.3	41.3
Confused or disoriented residents.	81	52.3	60.6	58.4
Residents with bed sores.	12	7.7	8.8	7.1
Residents receiving special skin care.	40	25.8	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CONV HOSPITAL-UNIVERSITY BRANCH

Street Address: 2122 SANTA CRUZ AVE		**City and State:** MENLO PARK CA 94025	
Participation: MEDICARE SNF	**# of Beds:** 80	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 06/04/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
35	1	0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	35	100	83.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	35	100	87.4	83.2
Toileting				
Residents requiring some or total assistance in toileting.	35	100	80.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	34	97.1	79.4	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	34	97.1	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	4	11.4	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	16	45.7	58.6	50.8
Residents requiring restraints.	32	91.4	45.3	41.3
Confused or disoriented residents.	27	77.1	60.6	58.4
Residents with bed sores.	0	0.0	8.8	7.1
Residents receiving special skin care.	2	5.7	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HILLHAVEN MENLO PARK

Street Address: 16 COLEMAN PLACE	**City and State:** MENLO PARK CA 94025

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 53	**Type of Ownership:** PROPRIETARY	**Survey Date:** 08/14/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 52	**Medicare Residents:** 0	**Medicaid Residents:** 30

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	40	76.9	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	48	92.3	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	44	84.6	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	44	84.6	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	46	88.5	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	21	40.4	42.9	37.7
Completely bedfast residents.	3	5.8	3.8	3.4
Residents confined to chairs.	41	78.8	58.6	50.8
Residents requiring restraints.	29	55.8	45.3	41.3
Confused or disoriented residents.	42	80.8	60.6	58.4
Residents with bed sores.	5	9.6	8.8	7.1
Residents receiving special skin care.	13	25.0	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
LE HAVRE CONVALESCENT HOSPITAL

Street Address: 800 ROBLE AVENUE		**City and State:** MENLO PARK CA 94025	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 52	**Type of Ownership:** PROPRIETARY	**Survey Date:** 02/11/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
39	15	24

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	15	38.5	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	39	100	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	39	100	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	39	100	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	39	100	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	39	100	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	0	0.0	58.6	50.8
Residents requiring restraints.	0	0.0	45.3	41.3
Confused or disoriented residents.	0	0.0	60.6	58.4
Residents with bed sores.	0	0.0	8.8	7.1
Residents receiving special skin care.	0	0.0	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SHARON HEIGHTS CONVALESCENT HOSPITAL

Street Address: 1185 MONTE ROSA DRIVE	**City and State:** MENLO PARK CA 94025

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 96	**Type of Ownership:** PROPRIETARY	**Survey Date:** 08/28/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 83	**Medicare Residents:** 1	**Medicaid Residents:** 0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	78	94.0	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	80	96.4	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	72	86.7	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	67	80.7	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	59	71.1	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	17	20.5	42.9	37.7
Completely bedfast residents.	7	8.4	3.8	3.4
Residents confined to chairs.	57	68.7	58.6	50.8
Residents requiring restraints.	36	43.4	45.3	41.3
Confused or disoriented residents.	64	77.1	60.6	58.4
Residents with bed sores.	6	7.2	8.8	7.1
Residents receiving special skin care.	8	9.6	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BRASWELLS IVY RETREAT

Street Address: 2278 NICE AVENUE	**City and State:** MENTONE CA 92359

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 50	**Type of Ownership:** PROPRIETARY	**Survey Date:** 02/12/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 50	**Medicare Residents:** 0	**Medicaid Residents:** 50

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	32	64.0	83.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	43	86.0	87.4	83.2
Toileting				
Residents requiring some or total assistance in toileting.	41	82.0	80.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	38	76.0	79.4	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	40	80.0	73.0	68.2
Residents on individually written bowel and bladder retraining program.	1	2.0	2.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	28	56.0	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	27	54.0	58.6	50.8
Residents requiring restraints.	21	42.0	45.3	41.3
Confused or disoriented residents.	26	52.0	60.6	58.4
Residents with bed sores.	4	8.0	8.8	7.1
Residents receiving special skin care.	9	18.0	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a acility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through ubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical unctioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on he recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the acility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging n normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
solation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
FRANCISCAN CONV HOSPITAL

Street Address: 3169 M STREET	**City and State:** MERCED CA 95340

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 71	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 11/06/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
63	10	53

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	38	60.3	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	57	90.5	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	54	85.7	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	53	84.1	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	45	71.4	73.0	68.2
Residents on individually written bowel and bladder retraining program.	2	3.2	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	33	52.4	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	56	88.9	58.6	50.8
Residents requiring restraints.	41	65.1	45.3	41.3
Confused or disoriented residents.	31	49.2	60.6	58.4
Residents with bed sores.	4	6.3	8.8	7.1
Residents receiving special skin care.	15	23.8	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HY-LOND CONVALESCENT HOSPITAL

Street Address: 3170 M ST	**City and State:** MERCED CA 95340

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 121	**Type of Ownership:** PROPRIETARY	**Survey Date:** 05/20/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 107	**Medicare Residents:** 2	**Medicaid Residents:** 88

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	101	94.4	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	98	91.6	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	93	86.9	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	93	86.9	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	87	81.3	73.0	68.2
Residents on individually written bowel and bladder retraining program.	3	2.8	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	39	36.4	42.9	37.7
Completely bedfast residents.	1	0.9	3.8	3.4
Residents confined to chairs.	96	89.7	58.6	50.8
Residents requiring restraints.	68	63.6	45.3	41.3
Confused or disoriented residents.	61	57.0	60.6	58.4
Residents with bed sores.	12	11.2	8.8	7.1
Residents receiving special skin care.	33	30.8	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
LA SIERRA CONVALESCENT HOSPITAL

Street Address: 2424 M STREET	**City and State:** MERCED CA 95340

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 68	**Type of Ownership:** PROPRIETARY	**Survey Date:** 09/10/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 57	**Medicare Residents:** 0	**Medicaid Residents:** 0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	49	86.0	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	52	91.2	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	52	91.2	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	52	91.2	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	43	75.4	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	25	43.9	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	33	57.9	58.6	50.8
Residents requiring restraints.	43	75.4	45.3	41.3
Confused or disoriented residents.	41	71.9	60.6	58.4
Residents with bed sores.	4	7.0	8.8	7.1
Residents receiving special skin care.	16	28.1	29.7	31.2

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MERCED CONVALESCENT HOSPITAL

Street Address: 510 WEST 26TH STREET		**City and State:** MERCED CA 95340	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 79	**Type of Ownership:** PROPRIETARY	**Survey Date:** 07/17/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
72	0	61

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	52	72.2	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	68	94.4	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	60	83.3	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	59	81.9	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	54	75.0	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	22	30.6	42.9	37.7
Completely bedfast residents.	4	5.6	3.8	3.4
Residents confined to chairs.	62	86.1	58.6	50.8
Residents requiring restraints.	3	4.2	45.3	41.3
Confused or disoriented residents.	45	62.5	60.6	58.4
Residents with bed sores.	9	12.5	8.8	7.1
Residents receiving special skin care.	8	11.1	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	NOT MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MERCED MANOR CONVALESCENT HOSPITAL

Street Address: 1255 B STREET		**City and State:** MERCED CA 95340	
Participation: MEDICAID SNF	**# of Beds:** 96	**Type of Ownership:** PROPRIETARY	**Survey Date:** 08/07/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 95	**Medicare Residents:** 0	**Medicaid Residents:** 6

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	4	4.2	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	4	4.2	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	5	5.3	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	0	0.0	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	5	5.3	73.0	68.2
Residents on individually written bowel and bladder retraining program.	5	5.3	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	0	0.0	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	1	1.1	58.6	50.8
Residents requiring restraints.	0	0.0	45.3	41.3
Confused or disoriented residents.	25	26.3	60.6	58.4
Residents with bed sores.	0	0.0	8.8	7.1
Residents receiving special skin care.	8	8.4	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HILLHAVEN CONV CTR

Street Address: 505 MILLER AVE		**City and State:** MILL VALLEY CA 94941	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 114	**Type of Ownership:** PROPRIETARY	**Survey Date:** 12/24/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
106	2	75

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	81	76.4	83.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	74	69.8	87.4	83.2
Toileting				
Residents requiring some or total assistance in toileting.	89	84.0	80.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	73	68.9	79.4	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	78	73.6	73.0	68.2
Residents on individually written bowel and bladder retraining program.	1	0.9	2.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	23	21.7	42.9	37.7
Completely bedfast residents.	3	2.8	3.8	3.4
Residents confined to chairs.	3	2.8	58.6	50.8
Residents requiring restraints.	61	57.5	45.3	41.3
Confused or disoriented residents.	37	34.9	60.6	58.4
Residents with bed sores.	15	14.2	8.8	7.1
Residents receiving special skin care.	15	14.2	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	NOT MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	NOT MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
REDWOODS THE

Street Address: 40 CAMINO ALTO	**City and State:** MILL VALLEY CA 94941

Participation: MEDICAID SNF	**# of Beds:** 58	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 10/16/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 52	**Medicare Residents:** 0	**Medicaid Residents:** 19

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	50	96.2	83.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	41	78.8	87.4	83.2
Toileting				
Residents requiring some or total assistance in toileting.	41	78.8	80.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	39	75.0	79.4	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	36	69.2	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	16	30.8	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	36	69.2	58.6	50.8
Residents requiring restraints.	23	44.2	45.3	41.3
Confused or disoriented residents.	25	48.1	60.6	58.4
Residents with bed sores.	3	5.8	8.8	7.1
Residents receiving special skin care.	19	36.5	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MILLBRAE SERRA CONV HOSP

Street Address: 150 HEMLOCK AVE		**City and State:** MILLBRAE CA 94030	
Participation: MEDICAID SNF	**# of Beds:** 125	**Type of Ownership:** PROPRIETARY	**Survey Date:** 04/27/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
116	0	36

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	101	87.1	83.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	102	87.9	87.4	83.2
Toileting				
Residents requiring some or total assistance in toileting.	96	82.8	80.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	99	85.3	79.4	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	99	85.3	73.0	68.2
Residents on individually written bowel and bladder retraining program.	1	0.9	2.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	55	47.4	42.9	37.7
Completely bedfast residents.	2	1.7	3.8	3.4
Residents confined to chairs.	45	38.8	58.6	50.8
Residents requiring restraints.	81	69.8	45.3	41.3
Confused or disoriented residents.	68	58.6	60.6	58.4
Residents with bed sores.	11	9.5	8.8	7.1
Residents receiving special skin care.	17	14.7	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	NOT MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SHELTERING PINE CONVALESCENT HOSP

Street Address: 33 MATEO AVENUE	**City and State:** MILLBRAE CA 94030

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 140	**Type of Ownership:** PROPRIETARY	**Survey Date:** 04/12/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 126	**Medicare Residents:** 5	**Medicaid Residents:** 43

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	48	38.1	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	48	38.1	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	123	97.6	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	124	98.4	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	112	88.9	73.0	68.2
Residents on individually written bowel and bladder retraining program.	1	0.8	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	90	71.4	42.9	37.7
Completely bedfast residents.	1	0.8	3.8	3.4
Residents confined to chairs.	101	80.2	58.6	50.8
Residents requiring restraints.	102	81.0	45.3	41.3
Confused or disoriented residents.	99	78.6	60.6	58.4
Residents with bed sores.	6	4.8	8.8	7.1
Residents receiving special skin care.	6	4.8	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ROSSCARE CONV HOSP

Street Address: 120 CORNING AVE	**City and State:** MILPITAS CA 95035

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 35	**Type of Ownership:** PROPRIETARY	**Survey Date:** 06/16/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 34	**Medicare Residents:** 0	**Medicaid Residents:** 23

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	34	100	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	28	82.4	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	25	73.5	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	24	70.6	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	23	67.6	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	13	38.2	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	20	58.8	58.6	50.8
Residents requiring restraints.	20	58.8	45.3	41.3
Confused or disoriented residents.	24	70.6	60.6	58.4
Residents with bed sores.	0	0.0	8.8	7.1
Residents receiving special skin care.	23	67.6	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CASA DE MODESTO HOME

Street Address: 1745 ELDENA WAY	**City and State:** MODESTO CA 95350

Participation: MEDICAID SNF	**# of Beds:** 59	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 09/01/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 59	**Medicare Residents:** 0	**Medicaid Residents:** 59

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	59	100	83.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	55	93.2	87.4	83.2
Toileting				
Residents requiring some or total assistance in toileting.	54	91.5	80.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	57	96.6	79.4	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	58	98.3	73.0	68.2
Residents on individually written bowel and bladder retraining program.	3	5.1	2.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	28	47.5	42.9	37.7
Completely bedfast residents.	3	5.1	3.8	3.4
Residents confined to chairs.	30	50.8	58.6	50.8
Residents requiring restraints.	48	81.4	45.3	41.3
Confused or disoriented residents.	32	54.2	60.6	58.4
Residents with bed sores.	1	1.7	8.8	7.1
Residents receiving special skin care.	11	18.6	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
COLONY PARK CARE CENTER

Street Address: 159 E ORANGEBURG AVENUE		**City and State:** MODESTO CA 95350	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 99	**Type of Ownership:** PROPRIETARY	**Survey Date:** 07/24/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
1	0	0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	1	100	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	1	100	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	1	100	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	1	100	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	1	100	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	1	100	42.9	37.7
Completely bedfast residents.	1	100	3.8	3.4
Residents confined to chairs.	0	0.0	58.6	50.8
Residents requiring restraints.	0	0.0	45.3	41.3
Confused or disoriented residents.	1	100	60.6	58.4
Residents with bed sores.	0	0.0	8.8	7.1
Residents receiving special skin care.	0	0.0	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CRESTWOOD MANOR

Street Address: 1400 CLESTE DRIVE	**City and State:** MODESTO CA 95355

Participation: MEDICAID SNF	**# of Beds:** 192	**Type of Ownership:** PROPRIETARY	**Survey Date:** 03/17/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 192	**Medicare Residents:** 0	**Medicaid Residents:** 192

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	192	100	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	12	6.3	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	8	4.2	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	0	0.0	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	8	4.2	73.0	68.2
Residents on individually written bowel and bladder retraining program.	8	4.2	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	1	0.5	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	0	0.0	58.6	50.8
Residents requiring restraints.	0	0.0	45.3	41.3
Confused or disoriented residents.	0	0.0	60.6	58.4
Residents with bed sores.	1	0.5	8.8	7.1
Residents receiving special skin care.	1	0.5	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	NOT MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
DRIFTWOOD CONV HOSP

Street Address: 1611 SCENIC DRIVE	**City and State:** MODESTO CA 95350

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 99	**Type of Ownership:** PROPRIETARY	**Survey Date:** 05/06/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 90	**Medicare Residents:** 3	**Medicaid Residents:** 81

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	81	90.0	83.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	75	83.3	87.4	83.2
Toileting				
Residents requiring some or total assistance in toileting.	75	83.3	80.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	75	83.3	79.4	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	62	68.9	73.0	68.2
Residents on individually written bowel and bladder retraining program.	3	3.3	2.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	34	37.8	42.9	37.7
Completely bedfast residents.	6	6.7	3.8	3.4
Residents confined to chairs.	54	60.0	58.6	50.8
Residents requiring restraints.	40	44.4	45.3	41.3
Confused or disoriented residents.	47	52.2	60.6	58.4
Residents with bed sores.	45	50.0	8.8	7.1
Residents receiving special skin care.	29	32.2	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ENGLISH OAKS CONV HOSP

Street Address: 2633 W RUMBLE RD	**City and State:** MODESTO CA 95350

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 120	**Type of Ownership:** PROPRIETARY	**Survey Date:** 07/23/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 1	**Medicare Residents:** 0	**Medicaid Residents:** 0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	1	100	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	1	100	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	1	100	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	1	100	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	1	100	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	1	100	42.9	37.7
Completely bedfast residents.	1	100	3.8	3.4
Residents confined to chairs.	0	0.0	58.6	50.8
Residents requiring restraints.	0	0.0	45.3	41.3
Confused or disoriented residents.	1	100	60.6	58.4
Residents with bed sores.	0	0.0	8.8	7.1
Residents receiving special skin care.	0	0.0	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
EVERGREEN CONVALESCENT HOSPITAL

Street Address: 2030 EVERGREEN AVENUE	**City and State:** MODESTO CA 95350

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 175	**Type of Ownership:** PROPRIETARY	**Survey Date:** 11/11/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
1	0	0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	1	100	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	1	100	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	1	100	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	1	100	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	1	100	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	1	100	42.9	37.7
Completely bedfast residents.	1	100	3.8	3.4
Residents confined to chairs.	0	0.0	58.6	50.8
Residents requiring restraints.	0	0.0	45.3	41.3
Confused or disoriented residents.	1	100	60.6	58.4
Residents with bed sores.	0	0.0	8.8	7.1
Residents receiving special skin care.	0	0.0	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HILLHAVEN CONV CTR-MODESTO

Street Address: 1310 WEST GRANGER AVENUE	**City and State:** MODESTO CA 95350

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 104	**Type of Ownership:** PROPRIETARY	**Survey Date:** 06/12/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 1	**Medicare Residents:** 0	**Medicaid Residents:** 0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	1	100	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	1	100	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	1	100	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	1	100	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	1	100	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	1	100	42.9	37.7
Completely bedfast residents.	1	100	3.8	3.4
Residents confined to chairs.	0	0.0	58.6	50.8
Residents requiring restraints.	0	0.0	45.3	41.3
Confused or disoriented residents.	1	100	60.6	58.4
Residents with bed sores.	0	0.0	8.8	7.1
Residents receiving special skin care.	0	0.0	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HY-LOND CONVALESCENT HOSPITAL

Street Address: 1900 COFFEE RD		**City and State:** MODESTO CA 95350	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 120	**Type of Ownership:** PROPRIETARY	**Survey Date:** 12/03/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 118	**Medicare Residents:** 0	**Medicaid Residents:** 98

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	117	99.2	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	105	89.0	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	97	82.2	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	85	72.0	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	85	72.0	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	44	37.3	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	72	61.0	58.6	50.8
Residents requiring restraints.	70	59.3	45.3	41.3
Confused or disoriented residents.	66	55.9	60.6	58.4
Residents with bed sores.	10	8.5	8.8	7.1
Residents receiving special skin care.	55	46.6	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facili was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MODESTO CONVALESCENT HOSPITAL

Street Address: 515 EAST ORANGEBURG AVENUE	**City and State:** MODESTO CA 95350

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 70	**Type of Ownership:** PROPRIETARY	**Survey Date:** 04/08/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 68	**Medicare Residents:** 0	**Medicaid Residents:** 60

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	56	82.4	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	65	95.6	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	56	82.4	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	56	82.4	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	56	82.4	73.0	68.2
Residents on individually written bowel and bladder retraining program.	2	2.9	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	23	33.8	42.9	37.7
Completely bedfast residents.	1	1.5	3.8	3.4
Residents confined to chairs.	56	82.4	58.6	50.8
Residents requiring restraints.	32	47.1	45.3	41.3
Confused or disoriented residents.	45	66.2	60.6	58.4
Residents with bed sores.	3	4.4	8.8	7.1
Residents receiving special skin care.	3	4.4	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ORANGEBURG CONV HOSP

Street Address: 823 E ORANGEBURG AVE		**City and State:** MODESTO CA 95350	
Participation: MEDICAID SNF	**# of Beds:** 40	**Type of Ownership:** PROPRIETARY	**Survey Date:** 09/10/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
39	0	36

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	36	92.3	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	36	92.3	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	35	89.7	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	35	89.7	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	35	89.7	73.0	68.2
Residents on individually written bowel and bladder retraining program.	1	2.6	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	23	59.0	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	25	64.1	58.6	50.8
Residents requiring restraints.	9	23.1	45.3	41.3
Confused or disoriented residents.	36	92.3	60.6	58.4
Residents with bed sores.	5	12.8	8.8	7.1
Residents receiving special skin care.	24	61.5	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facil was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
RENO AVE CONV HOSP

Street Address: 1028 RENO AVE		**City and State:** MODESTO CA 95351	
Participation: MEDICAID SNF	**# of Beds:** 25	**Type of Ownership:** PROPRIETARY	**Survey Date:** 03/06/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
25	0	0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	25	100	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	25	100	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	25	100	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	25	100	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	25	100	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	25	100	42.9	37.7
Completely bedfast residents.	10	40.0	3.8	3.4
Residents confined to chairs.	0	0.0	58.6	50.8
Residents requiring restraints.	0	0.0	45.3	41.3
Confused or disoriented residents.	25	100	60.6	58.4
Residents with bed sores.	0	0.0	8.8	7.1
Residents receiving special skin care.	0	0.0	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIE NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	352	29.3	1662	17
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	168	14.0	816	8
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	237	19.7	1216	12
All common resident areas are clean, sanitary and free of odors.	NOT MET	152	12.7	1041	11
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	298	24.8	1413	14
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	262	21.8	1408	14
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BEVERLY MANOR CONVALESCENT HOSPITAL

Street Address: 615 W DUARTE ROAD		**City and State:** MONROVIA CA 91016	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 99	**Type of Ownership:** PROPRIETARY	**Survey Date:** 12/15/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
97	2	80

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	77	79.4	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	89	91.8	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	84	86.6	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	72	74.2	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	78	80.4	73.0	68.2
Residents on individually written bowel and bladder retraining program.	1	1.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	38	39.2	42.9	37.7
Completely bedfast residents.	1	1.0	3.8	3.4
Residents confined to chairs.	72	74.2	58.6	50.8
Residents requiring restraints.	46	47.4	45.3	41.3
Confused or disoriented residents.	60	61.9	60.6	58.4
Residents with bed sores.	5	5.2	8.8	7.1
Residents receiving special skin care.	10	10.3	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facil was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
COMMUNITY CONV HOSP OF MONTCLAIR

Street Address: 9620 FREMONT AVE		**City and State:** MONTCLAIR CA 91763	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 140	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/15/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
132	9	110

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	132	100	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	129	97.7	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	129	97.7	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	116	87.9	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	67	50.8	73.0	68.2
Residents on individually written bowel and bladder retraining program.	2	1.5	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	42	31.8	42.9	37.7
Completely bedfast residents.	6	4.5	3.8	3.4
Residents confined to chairs.	13	9.8	58.6	50.8
Residents requiring restraints.	44	33.3	45.3	41.3
Confused or disoriented residents.	99	75.0	60.6	58.4
Residents with bed sores.	9	6.8	8.8	7.1
Residents receiving special skin care.	31	23.5	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MONTCLAIR MANOR CONV HOSP

Street Address: 5119 BANDERA ST	**City and State:** MONTCLAIR CA 91763

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 59	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 01/10/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 59	**Medicare Residents:** 5	**Medicaid Residents:** 46

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	59	100	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	54	91.5	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	47	79.7	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	48	81.4	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	44	74.6	73.0	68.2
Residents on individually written bowel and bladder retraining program.	1	1.7	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	31	52.5	42.9	37.7
Completely bedfast residents.	2	3.4	3.8	3.4
Residents confined to chairs.	42	71.2	58.6	50.8
Residents requiring restraints.	34	57.6	45.3	41.3
Confused or disoriented residents.	41	69.5	60.6	58.4
Residents with bed sores.	5	8.5	8.8	7.1
Residents receiving special skin care.	44	74.6	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CARE WEST MONTEBELLO NURSING CENTER

Street Address: 1035 W BEVERLY BOULEVARD		**City and State:** MONTEBELLO CA 90640	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 99	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 01/25/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 94	**Medicare Residents:** 4	**Medicaid Residents:** 72

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	94	100	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	93	98.9	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	90	95.7	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	89	94.7	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	64	68.1	73.0	68.2
Residents on individually written bowel and bladder retraining program.	1	1.1	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	53	56.4	42.9	37.7
Completely bedfast residents.	6	6.4	3.8	3.4
Residents confined to chairs.	83	88.3	58.6	50.8
Residents requiring restraints.	78	83.0	45.3	41.3
Confused or disoriented residents.	38	40.4	60.6	58.4
Residents with bed sores.	7	7.4	8.8	7.1
Residents receiving special skin care.	70	74.5	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CARE WEST RIO HONDO NURSING CTR.

Street Address: 273 E BEVERLY BLVD	**City and State:** MONTEBELLO CA 90640

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 200	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 09/22/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 169	**Medicare Residents:** 15	**Medicaid Residents:** 142

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	159	94.1	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	160	94.7	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	160	94.7	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	160	94.7	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	127	75.1	73.0	68.2
Residents on individually written bowel and bladder retraining program.	2	1.2	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	78	46.2	42.9	37.7
Completely bedfast residents.	11	6.5	3.8	3.4
Residents confined to chairs.	90	53.3	58.6	50.8
Residents requiring restraints.	136	80.5	45.3	41.3
Confused or disoriented residents.	90	53.3	60.6	58.4
Residents with bed sores.	41	24.3	8.8	7.1
Residents receiving special skin care.	57	33.7	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BEVERLY MANOR CONVALESCENT HOSPITAL

Street Address: 23795 W R HOLMAN HWY		**City and State:** MONTEREY CA 93940	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 99	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 09/25/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 67	**Medicare Residents:** 1	**Medicaid Residents:** 41

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	48	71.6	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	60	89.6	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	53	79.1	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	59	88.1	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	50	74.6	73.0	68.2
Residents on individually written bowel and bladder retraining program.	2	3.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	20	29.9	42.9	37.7
Completely bedfast residents.	1	1.5	3.8	3.4
Residents confined to chairs.	41	61.2	58.6	50.8
Residents requiring restraints.	20	29.9	45.3	41.3
Confused or disoriented residents.	31	46.3	60.6	58.4
Residents with bed sores.	16	23.9	8.8	7.1
Residents receiving special skin care.	23	34.3	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence o deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	NOT MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
DRIFTWOOD CONV HOSP

Street Address: 1575 SKYLINE DR		**City and State:** MONTEREY CA 93940	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 77	**Type of Ownership:** PROPRIETARY	**Survey Date:** 12/09/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
61	0	44

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	55	90.2	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	56	91.8	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	51	83.6	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	51	83.6	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	52	85.2	73.0	68.2
Residents on individually written bowel and bladder retraining program.	2	3.3	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	18	29.5	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	39	63.9	58.6	50.8
Residents requiring restraints.	26	42.6	45.3	41.3
Confused or disoriented residents.	37	60.7	60.6	58.4
Residents with bed sores.	1	1.6	8.8	7.1
Residents receiving special skin care.	7	11.5	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MONTEREY CONVALESCENT HOSPITAL

Street Address: 735 PACIFIC STREET	**City and State:** MONTEREY CA 93940

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 52	**Type of Ownership:** PROPRIETARY	**Survey Date:** 08/21/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 47	**Medicare Residents:** 9	**Medicaid Residents:** 22

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	45	95.7	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	46	97.9	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	42	89.4	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	41	87.2	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	33	70.2	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	42	89.4	42.9	37.7
Completely bedfast residents.	3	6.4	3.8	3.4
Residents confined to chairs.	28	59.6	58.6	50.8
Residents requiring restraints.	3	6.4	45.3	41.3
Confused or disoriented residents.	16	34.0	60.6	58.4
Residents with bed sores.	9	19.1	8.8	7.1
Residents receiving special skin care.	1	2.1	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	NOT MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	NOT MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MONTEREY PINES SNF

Street Address: 1501 SKYLINE DRIVE	**City and State:** MONTEREY CA 93940

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 99	**Type of Ownership:** PROPRIETARY	**Survey Date:** 03/24/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 77	**Medicare Residents:** 1	**Medicaid Residents:** 71

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	75	97.4	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	71	92.2	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	68	88.3	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	67	87.0	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	74	96.1	73.0	68.2
Residents on individually written bowel and bladder retraining program.	5	6.5	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	40	51.9	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	60	77.9	58.6	50.8
Residents requiring restraints.	42	54.5	45.3	41.3
Confused or disoriented residents.	62	80.5	60.6	58.4
Residents with bed sores.	3	3.9	8.8	7.1
Residents receiving special skin care.	5	6.5	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	NOT MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HILLHAVEN HEALTH CARE

Street Address: 610 N GARFIELD AVENUE	**City and State:** MONTEREY PARK CA 91754

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 99	**Type of Ownership:** PROPRIETARY	**Survey Date:** 02/14/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 92	**Medicare Residents:** 0	**Medicaid Residents:** 74

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	54	58.7	83.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	67	72.8	87.4	83.2
Toileting				
Residents requiring some or total assistance in toileting.	82	89.1	80.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	67	72.8	79.4	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	76	82.6	73.0	68.2
Residents on individually written bowel and bladder retraining program.	3	3.3	2.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	33	35.9	42.9	37.7
Completely bedfast residents.	1	1.1	3.8	3.4
Residents confined to chairs.	74	80.4	58.6	50.8
Residents requiring restraints.	69	75.0	45.3	41.3
Confused or disoriented residents.	34	37.0	60.6	58.4
Residents with bed sores.	6	6.5	8.8	7.1
Residents receiving special skin care.	36	39.1	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MONTEREY PARK CONVALESCENT HOSPITAL

Street Address: 416 N GARFIELD AVENUE		**City and State:** MONTEREY PARK CA 91754	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 89	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 04/25/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
85	2	44

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	82	96.5	83.8	81.5
Dressing				
Residents requiring some or total assistance in dressing.	80	94.1	87.4	83.2
Toileting				
Residents requiring some or total assistance in toileting.	70	82.4	80.6	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	71	83.5	79.4	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	64	75.3	73.0	68.2
Residents on individually written bowel and bladder retraining program.	2	2.4	2.7	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	43	50.6	42.9	37.7
Completely bedfast residents.	1	1.2	3.8	3.4
Residents confined to chairs.	70	82.4	58.6	50.8
Residents requiring restraints.	64	75.3	45.3	41.3
Confused or disoriented residents.	62	72.9	60.6	58.4
Residents with bed sores.	11	12.9	8.8	7.1
Residents receiving special skin care.	17	20.0	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MONTROSE CONVALESCENT HOSPITAL

Street Address: 2123 VERDUGO BOULEVARD		**City and State:** MONTROSE CA 93940	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 59	**Type of Ownership:** PROPRIETARY	**Survey Date:** 05/09/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
54	1	23

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	52	96.3	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	52	96.3	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	48	88.9	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	50	92.6	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	40	74.1	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	21	38.9	42.9	37.7
Completely bedfast residents.	1	1.9	3.8	3.4
Residents confined to chairs.	25	46.3	58.6	50.8
Residents requiring restraints.	29	53.7	45.3	41.3
Confused or disoriented residents.	26	48.1	60.6	58.4
Residents with bed sores.	7	13.0	8.8	7.1
Residents receiving special skin care.	24	44.4	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
VERDUGO VALLEY CONVALESCENT HOSPITAL

Street Address: 2635 HONOLULU AVENUE	**City and State:** MONTROSE CA 91020

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 138	**Type of Ownership:** PROPRIETARY	**Survey Date:** 03/14/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 105	**Medicare Residents:** 4	**Medicaid Residents:** 77

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	105	100	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	94	89.5	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	88	83.8	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	84	80.0	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	94	89.5	73.0	68.2
Residents on individually written bowel and bladder retraining program.	2	1.9	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	56	53.3	42.9	37.7
Completely bedfast residents.	1	1.0	3.8	3.4
Residents confined to chairs.	70	66.7	58.6	50.8
Residents requiring restraints.	54	51.4	45.3	41.3
Confused or disoriented residents.	67	63.8	60.6	58.4
Residents with bed sores.	14	13.3	8.8	7.1
Residents receiving special skin care.	15	14.3	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	NOT MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HILLVIEW CONV HOSP

Street Address: 530 W DUNNE AVE	**City and State:** MORGAN HILL CA 95037

Participation: MEDICAID SNF/ICF	**# of Beds:** 52	**Type of Ownership:** PROPRIETARY	**Survey Date:** 03/20/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 52	**Medicare Residents:** 0	**Medicaid Residents:** 45

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	34	65.4	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	33	63.5	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	32	61.5	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	51	98.1	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	24	46.2	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	13	25.0	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	34	65.4	58.6	50.8
Residents requiring restraints.	22	42.3	45.3	41.3
Confused or disoriented residents.	30	57.7	60.6	58.4
Residents with bed sores.	2	3.8	8.8	7.1
Residents receiving special skin care.	1	1.9	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

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NURSING HOME PROFILE
ROSSCARE CONV HOSP

Street Address: 370 NOBLE COURT	**City and State:** MORGAN HILL CA 95037

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 99	**Type of Ownership:** PROPRIETARY	**Survey Date:** 04/08/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 60	**Medicare Residents:** 0	**Medicaid Residents:** 38

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	36	60.0	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	55	91.7	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	55	91.7	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	55	91.7	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	41	68.3	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	47	78.3	42.9	37.7
Completely bedfast residents.	1	1.7	3.8	3.4
Residents confined to chairs.	48	80.0	58.6	50.8
Residents requiring restraints.	35	58.3	45.3	41.3
Confused or disoriented residents.	22	36.7	60.6	58.4
Residents with bed sores.	1	1.7	8.8	7.1
Residents receiving special skin care.	5	8.3	29.7	31.2

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
PACIFIC CARE CENTER

Street Address: 1405 TERESA DRIVE	**City and State:** MORRO BAY CA 93442

Participation: MEDICAID SNF	**# of Beds:** 145	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/09/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 126	**Medicare Residents:** 0	**Medicaid Residents:** 126

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	42	33.3	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	110	87.3	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	100	79.4	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	109	86.5	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	91	72.2	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	44	34.9	42.9	37.7
Completely bedfast residents.	3	2.4	3.8	3.4
Residents confined to chairs.	83	65.9	58.6	50.8
Residents requiring restraints.	68	54.0	45.3	41.3
Confused or disoriented residents.	46	36.5	60.6	58.4
Residents with bed sores.	17	13.5	8.8	7.1
Residents receiving special skin care.	45	35.7	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	NOT MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ST CATHERINE HOSP ON HALF MOON BAY

Street Address: MARINE BLVD AND ETHELDORE ST	**City and State:** MOSS BEACH CA 94038

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 110	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 06/11/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 83	**Medicare Residents:** 1	**Medicaid Residents:** 70

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	46	55.4	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	83	100	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	62	74.7	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	83	100	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	62	74.7	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	27	32.5	42.9	37.7
Completely bedfast residents.	11	13.3	3.8	3.4
Residents confined to chairs.	57	68.7	58.6	50.8
Residents requiring restraints.	19	22.9	45.3	41.3
Confused or disoriented residents.	50	60.2	60.6	58.4
Residents with bed sores.	4	4.8	8.8	7.1
Residents receiving special skin care.	5	6.0	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MERCY MEDICAL CENTER MT. SHASTA DP/SNF

Street Address: 914 PINE ST	**City and State:** MOUNT SHASTA CA 96067

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 47	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 09/15/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 1	**Medicare Residents:** 0	**Medicaid Residents:** 0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY #	FACILITY %	STATE %	NATION %
Bathing Residents requiring some or total assistance in bathing.	1	100	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	1	100	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	1	100	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	1	100	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	1	100	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	1	100	42.9	37.7
Completely bedfast residents.	1	100	3.8	3.4
Residents confined to chairs.	0	0.0	58.6	50.8
Residents requiring restraints.	0	0.0	45.3	41.3
Confused or disoriented residents.	1	100	60.6	58.4
Residents with bed sores.	0	0.0	8.8	7.1
Residents receiving special skin care.	0	0.0	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
GRANT-CUESTA CONVALESCENT HOSPITAL

Street Address: 1949 GRANT ROAD		**City and State:** MOUNTAIN VIEW CA 94040	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 102	**Type of Ownership:** PROPRIETARY	**Survey Date:** 08/25/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
101	3	29

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	82	81.2	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	93	92.1	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	91	90.1	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	91	90.1	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	89	88.1	73.0	68.2
Residents on individually written bowel and bladder retraining program.	2	2.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	44	43.6	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	40	39.6	58.6	50.8
Residents requiring restraints.	62	61.4	45.3	41.3
Confused or disoriented residents.	38	37.6	60.6	58.4
Residents with bed sores.	3	3.0	8.8	7.1
Residents receiving special skin care.	23	22.8	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
JULIA CONVALESCENT HOSPITAL

Street Address: 276 SIERRA VISTA AVENUE		**City and State:** MOUNTAIN VIEW CA 94043	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 99	**Type of Ownership:** PROPRIETARY	**Survey Date:** 06/10/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 86	**Medicare Residents:** 0	**Medicaid Residents:** 41

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	84	97.7	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	84	97.7	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	81	94.2	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	81	94.2	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	70	81.4	73.0	68.2
Residents on individually written bowel and bladder retraining program.	1	1.2	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	66	76.7	42.9	37.7
Completely bedfast residents.	2	2.3	3.8	3.4
Residents confined to chairs.	59	68.6	58.6	50.8
Residents requiring restraints.	10	11.6	45.3	41.3
Confused or disoriented residents.	0	0.0	60.6	58.4
Residents with bed sores.	13	15.1	8.8	7.1
Residents receiving special skin care.	18	20.9	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	NOT MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MOUNTAIN VIEW CONVALESCENT HOSPITAL

Street Address: 2530 SOLACE PLACE		**City and State:** MOUNTAIN VIEW CA 94040	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 138	**Type of Ownership:** PROPRIETARY	**Survey Date:** 12/02/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 124	**Medicare Residents:** 2	**Medicaid Residents:** 33

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	111	89.5	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	107	86.3	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	103	83.1	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	95	76.6	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	77	62.1	73.0	68.2
Residents on individually written bowel and bladder retraining program.	4	3.2	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	48	38.7	42.9	37.7
Completely bedfast residents.	2	1.6	3.8	3.4
Residents confined to chairs.	49	39.5	58.6	50.8
Residents requiring restraints.	66	53.2	45.3	41.3
Confused or disoriented residents.	95	76.6	60.6	58.4
Residents with bed sores.	12	9.7	8.8	7.1
Residents receiving special skin care.	124	100	29.7	31.2

SELECTED PERFORMANCE INDICATORS

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Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	NOT MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

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from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
VILLA SIENA

Street Address: 1855 MIRAMONTE	**City and State:** MOUNTAIN VIEW CA 94040

Participation: MEDICAID SNF	**# of Beds:** 20	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 11/13/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 20	**Medicare Residents:** 0	**Medicaid Residents:** 4

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	20	100	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	18	90.0	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	18	90.0	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	18	90.0	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	12	60.0	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	7	35.0	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	2	10.0	58.6	50.8
Residents requiring restraints.	6	30.0	45.3	41.3
Confused or disoriented residents.	20	100	60.6	58.4
Residents with bed sores.	0	0.0	8.8	7.1
Residents receiving special skin care.	18	90.0	29.7	31.2

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	501	41.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	238	19.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	536	44.6	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
GOLDEN TRIANGLE NURSING CENTER

Street Address: 25500 MEDICAL CENTER DR	**City and State:** MURRIETA CA 92362

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 99	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 06/23/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 10	**Medicare Residents:** 0	**Medicaid Residents:** 0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	8	80.0	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	8	80.0	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	9	90.0	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	8	80.0	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	8	80.0	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	4	40.0	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	0	0.0	58.6	50.8
Residents requiring restraints.	0	0.0	45.3	41.3
Confused or disoriented residents.	0	0.0	60.6	58.4
Residents with bed sores.	0	0.0	8.8	7.1
Residents receiving special skin care.	0	0.0	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	2.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	147	12.2	518	5.5
Each resident is free from mental and physical abuse.	MET	26	2.2	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	74	6.2	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	314	26.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.3	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	120	10.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	4	0.3	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	12	1.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	16	1.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	47	3.9	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	667	55.5	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	401	33.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	215	17.9	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	257	21.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	402	33.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	201	16.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	459	38.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	352	29.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	505	42.0	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	236	19.7	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	52	4.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	168	14.0	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	249	20.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	288	24.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	237	19.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	152	12.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	298	24.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	262	21.8	1408	14.9
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